MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	VI)			08473	CERTIFICATI	OF D	EATH	08469		-
_ 5	l and er deat		C	LACE OF DEATH Harfor	MARYLAND	2. USUAL o. STAT		b. COU		ore admission)
ours aft by the	Pages ours af			CITY OR TOWN (if autside contrate limit write RURAL and give neares/town)	race Jaan	1	avec	corporate limits, write RL	RAL ond give neon	STATE OF THE PARTY
nin 24 hc filled in	papers hin 72 h	6		NAME OF HOSPITAL OR INSTITUTION OF THE	Memorial	d. STREET	1005.	Hdams	St.	e IS RESIDENCE ON A FARM? YES NO X
ecuted with campletely 1	remave carban papers. n any event, within 72 h		(	FCEASED SEa	nley MACES	arre	tt	DATE Mon OF DEATH	0 2	1 1966
execute d camp	emave any eve		S. S	MW	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	AUG.	2,1892	9. AGE (In years last birthday) 73 yrs.	Manths Days	Haurs Min.
ate be ex	A STATE OF THE PARTY OF THE PAR		durii	USUAL OCCUPATION (Give kind of work done g most of working life, even if retired)	10b KIND OF BUSINESS OR INDUSTRY	DE	L.	ote, ar fafeign cauntry)	12. CITIZEN ( COUNTRY	
certifice				FATHER'S NAME Philip	Barrett	SAR	AHEL	ZABETH	MACE	=
e death attending	permit. I		1S. (Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? , no, or unknown) (If yes give wor ar dayes of YES WORLD WAR	of service) 2.12-28-9063/Mm	INFORMANT			LAURE DE	
that the an.	<u></u>			18. CAUSE OF DEATH (Enter only one coupart I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	Cladina lh	Asic	unca			NTERVAL BETWEEN DNSET AND DEATH
equires the physician signed b	burial-transit burial, crema			Conditions, if ony, which gove rise to immediate couse (0),	10 Cyrebral him	rosy &	all			
aw required been si	as the b			stating the <u>underlying cause</u>	(c)					
The larger atter	- e	0	ATION	PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINA	L DISEASE CONDIT	ON GIVEN IN PART 1(o)	19	9. WAS AUTOPSY PERFORMED? YES NO
PHYSICIAN: e haspital ar his certificate	of t		CERTIFICATION	20o. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature	af injury in Port	f or Port II af item 18.)		
ω <del>+</del> +	detached ite Dept. a		MEDICAL	20c. TIME OF INJURY Manth, Day, Yeor Hour o.m. p.m. 19			(Hame, farm, fice bldg., etc.)	20f. (City or town)	(County)	(Stote)
ATTENDIN etained by CTOR: After	ould be the Stat			21. I certify that (I) (this has saw the deceased alive an	spital) attended the deceased fram_ 0 - 211910, and the		ccurred at	ta 6-2)- M, fram causes	ر کے 19 مار and an the do	that (I) (we) la ate stated abav
OR De L	age 3 sho filed with			220. SIGNATURE	Leura MD "	D. PHYS.	DIR	D. STAFF ECTOR PHYS.	22b. DATE SIG	NED
SPITAL 4 may ERAL				22c. PHYSICIAN'S NAME (Type) A . L . L	-EWIS	H	Me de	Grace 7	W)	
TO HOSPITAL Page 4 may b	director,	8	230.	BURIAL CREMATION,  BEMOVAL (Specify)  JONE  JONE	24/966 ANGEL HI		EM.	23d, LOCATION (City or To	GRACE HI	AR PARTO
	A15 (4)	0	74	FUNERAL DIRECTOR MITCHELL	HAURE DE TRAC	EMAN.	2Sa. REC'D BY		EGISTRAR'S SIGNATI	Judge

DIRECT CHARGO AND ACCRECATED same was to be a few from the same

2	1	1	Division of STATISTICAL	MARYLAND STATE DEP L RESEARCH AND RECORDS, 301			201
	(M		08480	CERTIFICATE		084	70
er death.	the funeral ages 1 and 2 s after death	1	PLACE OF DEATH O. COUNTY HARFORD	MARYLAND	2. USUAL RESIDENCE (Where a. STATE Md	deceased lived, if institution: Reside b. COUNTY	nce before odmission)
aurs afte	in by the furers. Pages 1 2 hours after	1	b. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest lown)			carparate limits, write RURAL and giv	2-1
1 24 H	filled in papers		11 - 1 11	CRIAL HOSPITAL	d. STREEF ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.	carbo view to will		NAME OF DECEASED (Type or print) EFF, E	MARRIED NEVER MARRIED 8	1 21 2	DATE Manth OF DEATH  9. ASE Up yeors   IF UNDER	
ожесп				IDOWED DIVORCED	or11,18//	Stast Arthdoy) Months yrs.	Doys Haurs Min.
ate be	cian c ease and ir		DISUAL OCCUPATION (Give kind of work done ing mast of working life even if retire)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Sta		DUNTRY? U.S
certific	ohysi en pl ival,	L	FATHER'S NAME ELMER CU	r Rman.	14. MOTHER'S MAIDEN NAME ISabeL	Ash.	
death	the attending prisit permit. The mation, ar remo	15 (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) ((If yes give war or dates of servi		eresq Gree	en, Pyles VI	11c, Md.
hat the	physician. signed by the atte burial-transit perr burial, crematian,		18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	r line for (a), (b), and (c).)	failure	, -collapsul	INTERVAL BETWEEN ONSET AND DEATH
uires t	physician. signed by the burial-transit burial, cremat		4500 DUE TO Canditians, if any, which gave rise to immediate cause (a),	Certerios	aleroter Va	enalar decean	Glass
yw req			stoting the underlying cause (c) DUE TO				I .
N: The lo	or a ste har use a salth	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI		66 - ga	ugisenous boron	19- WAS AUTOPSY PERFORMED? YES NO
YSICIA	aspital certific hed fo he fo		20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		0 6		
E PH	by the haspi ifter this certi be detached State Dept. a	MEDICAL	20c. TIME OF INJURY Manth, Doy, Year Hour a.m. p.m. 19		OF INJURY (Home, form, ry, street, office bldg., etc.)	20f. (City ar town) (Co	ounty) (State)
ATTENDING	R: After oil be in the State		21. I certify that (I) (this haspital saw the deceased alive an	) attended the deceased from 3 Ve 25 19 66, and that	death accurred at	30 M, fram causes and on	that (I) (we) last
OR ATT	may be retained by the haspital <b>RAL DIRECTOR:</b> After this certifical, page 3 shauld be detached far be filed with the State Dept. af H		220. SIGNATURE harles	iveley 1 M.D.	ATTENDING & MED	22b. 1	DATE SIGNED
	RAL RAL Po be fi		22c. PHYSICIAN'S NAME (Type) ChARES	J. / Foley J	22d. ADDRESS	URE dE GR	ACE, MI
SS	Net a	23	RIMINI CHEMATION / 1 236 DATE THEREOF	23 NAME OF CEMETERY OF CE	PEMATORY.	23d IOCATION TOP or Family	(County) (State)

Page To Fur direct shau VR A15 (4) 20 M 1/66

10C -5365 Har

250. REC'D BY REGISTRAR
DATE JUN 2

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25b. REGISTRAR'S SIGNATURE PS6 Clearley 1956

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08481

CERTIFICATE OF DEATH

118471

		00302			0.0	X V L
	1. F	PLACE OF DEATH		2. USUAL RESIDENCE (Where	e deceosed lived, if institution: Residen	ce before admission) /
	C	. COUNTY	MARVI 4415	a. STATE	b. COUNTY	2011
		Hartord	MARYLAND	1V1 (	7	COL
	, 6	. CITY OR TOWN (If autside carparate limits, write RURAL and give neore,rtown)	c. LENGTH OF STAY IN 1b	c. UTTOR TOWN (It autside	carparote limits, write RURAL and give	e neorest town)
	1	lavre de Grace	HH dayc	KISINA	SUNI	07-2
ŀ	0	I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital	1. give street oddress)	d. STREET ADDRESS	- 0 ,0	e. IS RESIDENCE
/	11	() \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	11200011	22 Keyn	solde Aug	ON A FARM?
6		fartord Memorial	140 S DI THI			YES NO
		NAME OF First	Middle	Lost 4.	DATE Month	Doy Year
		Type or print) MAry C	OUNTESS 5	Inke	DEATH JUNE	19 1966
	-	EX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 8	B. DATE OF BIRTH	9. AGE (In years IF UNDER	
	1	Seconda IV/hite WIDOWE	DIVORCED TO	May 97-108	9 7 birthdoy) Manths	Days Haurs Min.
	100	SINITIE I VALITICE	KIND OF BUSINESS OR	11. BIRTHPLACE (County & Sto		UZEN OF WHAT
		ng mast of working life, even if retired)	INDUCTOR	II. BIKINPLACE (COUNTY & STO	A A A A A A A	UNIRY
	17	follse wite her o	WWW Home	DELIQUI	le Vir. Vi	217,
	13,	FATHER'S NAME	,	14. MOTHER'S MAIDEN NAME	n	
	3	1/211	GhAN	JuliA	15055	
	15	WAS DECEASED EVER IN U.S. ARMED FORCES?	SOCIAL SECURITY NO. 17. II	NFORMANT	Address 54	me 451
	(Yes	s, no, grunknown) ((If yes give wor ar dates af service)				01.10
		NO	11011 = 111	rs Kichard	KASMUSSEKI	
		18. CAUSE OF DEATH (Enter anly ane cause per line	for (o), (b), ond (c).)			INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	mix			ONSET AND DEATH
		6000 DUE TO				
		Conditions if any which save	cut Audit:	& ASEV	D	111. 1440.
		rise to immediate couse (a)	my pueres	1 700		- Compression
		stating the underlying couse DUE TO				Mary Mary Mary
		lost. (c) _**				
	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITI	ON GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
2	CERTIFICATION	Ge	Engrem of deri	and In us		YES NO
	FIG		DESCRUBE HOW INJURY OCCURRED. (			
	E	OR CONTRIBUTING CAUSE OF DEATH	DESCRIPTION INDUCT OSCURED.	construction or injury in run	7 G. 7 GIT II GIT HOILI 10.)	
		(IF EITHER, NOTIFY MEDICAL EXAMINER)				
	MEDICAL	and the or moon morning and the		E OF INJURY (Home, form,	20f. (City or tawn) (Car	unty) (State)
	ME	Haur a.m. Wh	nile Nat While facto	ary, street, affice bldg., etc.)		
-	1	21. I certify that (I) (this haspital) atte		1AV 7 10/	6, to JUNE 19, 191	a h that (1) (we) last
	77	saw the deceased glive an 400	P 10 10 Late and that	death accurred at 3	M from rouses and an t	he date stated above
			<u> </u>	dealli decolled di		ATE SIGNED
		22a. SIGNATURE		ATTENDING MED	O. STAFF	AIE SIGNEY
		my your my	M.C	7 111101	ECTOR LI PHYS. LI 6	14/64
		22c. PHYSICIAN'S	1601FIT	22d. ADDRESS	of Gran Mid	
		NAME (Type) GW. GR	100011	Haure 9	d Grase, Ug	
	230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	REMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
	1	REMOVAL (Specify) 6-21-6		ptist 1	DEL TAILLE	- Va
	200	PUNERAL DIRECTOR:	ADDRESS	2Sq. REC'D BY	REGISTRAR 2Sb. REGISTRAR'S S	IGNATINE
	9	ODERAL DIRECTOR TO MEM	PAUDKESS ALC C	ZSU. KEL D BT	ZSD. REGISTRAR S S	IIONAIUKE
	U.	SUNOY 10 /11-11/4/180	n MISILY95	UN MIDNAI O	1000 001,- 11	0

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please femalove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, cremation, or remaval, and in got event, within 72 haurs after death **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0848	2	MEDIC	AL EXAMINE	R'S (	CERTIFICATE O	F DEATH		0847	2	
PLACE OF DEATH     O. COUNTY					2. USUAL RESIDENCE (V	Vhere deceased liv	ed, if institution: Rob. COUNTY	esidence befare	admissio	n)
U. COUNTI	Harford		MARYLAN	ND		land	b. COUNTY	Harfo	rd	
	(If outside corporate limited give nearest tawn)	ts, c.	LENGTH OF STAY IN 11	b	c. CITY OR TOWN (If au		its, write RURAL or	d give nearest	tawn)	
WITTE KOKAL UI	Joppa		11 442		Joppa			12-	1	
d. NAME OF HOSP	ITAL OR INSTITUTION (If n	at in hospital, give	street address)		d. STREET ADDRESS			e	. IS RESID	ENCE RM2
2714 0	LD JOPP	A RO.	40		ATH Old Jopp	a Road		Y	ES 📉	
3. NAME OF	F	irst	Middle		Last	4. DATE	Manth	Day	Yea	ar .
(Type ar print)	Russel	1	F.	В	rown Sy	OF DEATH	June	6	19	66
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B.	. DATE OF BIRTH	9. AGE	(In years IF U birthday) Mar Yrs.	NDER 1 YEAR	IF UNDER Hours	24 HRS. Min.
Male	White	WIDOWED _	] DIVORCED [		6-12-1915					Willia.
during most of warkin-	ON (Give kind af wark dane g life, even if retired)	INDUS	OF BUSINESS OR TRY		11. BIRTHPLACE (State	-	111	12. CITIZEN OF COUNTRY?		
SUP. (	AIY CO	KONTI	NENTAL C	ANC	14. MOTHER'S MAIDEN N	MEL	166	V.S	1, 14	
	GAR	BROW	N		CARRIE		STER	•		
15. WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16. SOC	IAL SECURITY NO.	17. IN	IFORMANT	J-11.	Address			
(Yes, no ar unknawn)	(If yes give war or dates		7-15-712	20	ITA A RI	ROWH :	2714 04	n Jak	DDA	PI
18 CAUSE OF I	DEATH (Enter anly one co		(h) and (d)	110	ITM A DI	ייושטו	7/14 0-		RVAL 8ET	WEEN
PART I. DE	ATH WAS CAUSED 8Y:		nary Occlu	e for	<b>n</b>			ONS	ET AND 0	EATH
420	IMMEDIATE CAUSE	(d) <b>COPO</b>	nary occiu	STO	Щ					
Conditions, if an		(b)								
rise to immedia		TO								
last.	enting coose	(c)								
PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO D	DEATH 8UT NOT RELATE	D TO TH	HE TERMINAL DISEASE CON	IDITION GIVEN IN	PART 1(a)	19.	WAS AUTO PERFORME	PSY ED?
CATIC								YE	S 🔲 i	NO 🔀
20a. EXTERNAL ( PRIMARY  or C CAUSE OF DEATH.	ONTRIBUTING	20b. DESCR	IBE HOW INJURY OCCUI	RRED. (	Enter nature af injury in I	Part I ar Part II af	item 18.)			
S 200 TIME OF IN	JURY Month, Day, Year	1-20d INILIE	RY OCCURRED 20	o PLAC	E OF INJURY (Home, farm	. 20f. (City	y or town)	(County)		Stote)
Hour o	ı.m.	While _	Nat While		ry, street, affice bldg., etc.)		,	(//	1.	,
	fy that I took charg	at wark L		o hal	d on Autonou	Inspection I	, Inquiry	w and	in my	oninion
deoth resu		ol couses $[X]$	Accident .		de . Homicide		ermined monne		in my	philiton
deoin leso	GA	or cooses [m],	Accident,	30100	CHIEF MEDICAL		ermineu monne	' []		
ACTUAL SIGNATURE	Herold	e oal	mer			ICAL EXAMINER	Pol Pol	Air, M	2. DATE	SIGNED
EXAMINER'S NAME (Type)	Gerald C. F	Polmer	M.D.			L EXAMINER K	11	_	u	
23a. 8URIAL, CREMAT			23c. NAME OF CEMETER	RY OR C			N (City or Town)	(County)	(51	totel 1
BURIAL (Specif		-66 1	O . M		6 GARDENS		SPRING (	Hans	ron i	MIL
24. FUNERAL DIRECT		11VC	ADDRESS	VR//11		BY REGISTRAR		ARIS SIGNATURI	E	-   -
17:	1500	2011	10 13	. /	JUN	8 1966	1 Junas	cas fue	1	

VR A15ME (5) 6M 1/6

5 moy be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages and Health or its designated agent, prior to burial, cremation, or removal, and in an even

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FOR STATE HEALTH DER DERT. necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page The 2 with the State Department of delay is Health or its designated agent, priar to burial, crematian, or remaval, and in any event within 72 haurs after death TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File page 5 may be retained far your files.

08483

#### MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08473

21201

1.	PLACE OF DEATH					2 USUAL RESIDENCE	Where deceosed lived, i	institution Resid	ence before odm	(csinn)
	o COLINITY	Harford				O STATE	ryland	L COUNTY	Harfor	,
					YLAND	I F				
	write RURAL ond	f outside carporote limi give nearest town)	rs,	c. LENGTH OF STAY	IN ID	c. CITY OR TOWN (If at				)
	avre de					1	erdeen,	(Rural		/
		AL OR INSTITUTION (If n				d. STREET ADDRESS				ESIDENCE A FARM?
	Harfor	d Memoria	l Hos	pital		Route	3, Box 2	109-A	YES [	NO X
	NAME OF DECEASED		irst	Middle		Lost	4. DATE	Month	Doy	Year
	(Type or print)	WILI	MAI	WOODE	ROW	BROWN	OF DEATH JU	ne	29	19 66
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	TOK O	B. DATE OF BIRTH	9. AGE (In			DER 24 HRS.
	Male	Cau	WIDOWED	_		15 March	1950 16 birt	hdoy) Months yrs.	Doys Hou	rs Min.
100	. USUAL OCCUPATION	(Give kind of work done		(IND OF BUSINESS OR		11. BIRTHPLACE (Stote			CITIZEN OF WHA	
dur	ing most of working	life, even if retired)		NDUSTRY A		Cecil Co	ounty, Mo		U.S.A.	
	FATHER'S NAME			M/ B		14. MOTHER'S MAIDEN			0,0,11,	
		Da 10 10 10 10 10 10 10 10 10 10 10 10 10						4		
10		ROY E. Br		SOCIAL SECURITY NO.	1 17 1	NFORMANT	ris L. Pr	Address		
(Ye	es, no, of unknown)	(If yes give war or dates	of service)	44	17.	NEUKMANI				
	No			Nous.	Ro	y E. Brown	a, Aberd	leen, Ma	arylan	1
		ATH (Enter only one co	use per line fo	r (o), (b), ond (c).)					INTERVAL	
	PAKI I. DEAI	H WAS CAUSED BY:  IMMEDIATE CAUSE	(o) A -	whin	ier	due t	e dro	which	ONSET AN	DULAIH
	929	DUE		0				-1		
	Conditions, if ony,		(b)					-		
	rise to immediat									
	stoting the under	lying couse	(c)							
		CHIEFCANT COMPLETIONS		TO DEATH BUT NOT DE	ATED TO	THE TERMINAL DISEASE COL	UDITION CIVEN IN DADT	1/->	19. WAS A	VOCALI
S	PAKI II. UITEK SI	SMIRICANT CONDITIONS	UNIKIBUTING	TO DEATH BUT NOT KEE	AIED IO	THE TERMINAL DISEASE COL	NUTTION GIVEN IN PART	1(0)	PERFO	RMED?
SAT									YES	NO XX
CERTIFICATION	20o. EXTERNAL CA PRIMARY or COI		20b. D	ESCRIBE HOW INJURY O	CCURRED.	(Enter noture of injury in	Port I or Port II of item	IB.)		
	CAUSE OF DEATH.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	12	Lower	inh	ile and	mm	*		
MEDICAL		RY Month, Doy, Yeor		INJURY OCCURRED		E OF INJURY (Home, forn		own) 112 (C	ounty)	(State)
ME	Hour o.n	/ 00 10	66 While	Not While	foct	ory, street, office bldg., etc.	Danch Ab	rdeen	(Har)	Md.
				mains described at	hove he	ld an Autopsy	Inspection X,	Inquiry X		v opinian
	death result		al causes	, Accident						y opiniun
	dedili lesoli	eu IIoin, Naioi	ai canzez E	, Accident 23	, Surc			ned manner [		
	ACTUAL S	Yana PIL	BA	allanda		CHIEF MEDICAL		1.36	✓ 22 DA	TE SIGNED
	SIGNATURE	erem	LV	Comoci		m.v.		6-30	46	3101160
	EXAMINER'S	Conold	C D	almon 16	T .		AL EXAMINER K.K.	D 7 4		
	NAME (Type)	Gerald			.D.		, city, town, or county)		ir, Mc	
230	<ul> <li>BURIAL, CREMATIO</li> <li>REMOVAL (Specify)</li> </ul>	0/4/		23c. NAME OF CEMI			23d. LOCATION (Ci		(County)	(Stote)
	Burial (Specify)	1/2/1	966	Bel Air		orial Gar		-		Md.
24	FUNERAL DIRECTO		arrin	g Funera		me 250. REC'I	BY REGISTRAR	25b. REGISTRAR'S		
-44	12/0/11/11	GRANULIN .	Abe	rdeen, M	d.	DATE 11	11 5 196	a Tollo	welly In	dge

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08484

#### CERTIFICATE OF DEATH

08474

	1	002-				(10707
		PLACE OF DEATH		2. USUAL RESIDENCE (Where	deceosed lived, if institution b. COUNTY	Residence before odmission)
		Hartord	MARYLAND	MC		HARTORC
	- 6	o. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)	C. LENGTH DF STAY IN 16	c. CITY DR TOWN (If outside	corporate limits, write RURAI	L and give neorest town)
Q.	H	AVEC DE GRACE	1/12 hrs	HALLST	TON	12 1
	, 0	I. NAME OF HOSPITAL DR INSTITUTION (If not in ho	spital, give street-address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
6	A	partord Memoria	1 HOSPITA!	Upper Cr	OSS KOAD	
á		VAME OF First	Middle D		DATE Month	Doy Year
'n	(	Type or print)	Momas D	urkell	DEATH VUN	7
	S. S	SEX 6. CDLOR OR RACE 7. MA	ARRIED NEVER MARRIED   8	B. DATE OF BIRTH		Months Doys Hours Min.
	1	MAle White WID	DOWED DIVORCED A	pril 7,188		
			10b. KIND OF BUSINESS OR	11. 8 IRTHPLACE (County & Sto	te, or foreign country)	12. CITIZEN OF WHAT
ä		ng most of working life, even if retired) armer (retired)	Gen. farming	Ashe Coun	ty. N.C.	U.S.A.
	_	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
		George Burkett		Katie We	eaver	
		WAS DECEASED EVER IN U.S. ARMED FORCES?		NFORMANT	Manor Address	Road
Ŋ	(Yes	s, no, or unknown) (If yes give wor or dotes of service	212-48-5329 Bry	van Burkett	Baldwin,	Md. 21013
		18. CAUSE OF DEATH (Enter only one couse per		1		INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	Emple Chiefon	Cum Dua		ONSET AND DEATH
		4 2 2 / BUE TO	0 01			2
3		Conditions, if ony, which gove	(arteard )	ecompens	alion	1 day
		rise to immediate couse (o), stating the underlying couse	1 4. 1	0-10.	1	7 1 10
		last. (c)	Hyllriosclen	glee Cast	Movascula	by Assesse (1)
×	×	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	UTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITIO	ON GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
^	CERTIFICATION					YES NO NO
9	ZTIFI(	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	205. DESCRIBE HOW INJURY OCCURRED. (	Enter noture of injury in Port I	or Port II of item 18.)	
		(IF EITHER, NOTIFY MEDICAL EXAMINER)				
	MEDICAL	20c. TIME OF INJURY Month, Day, Year		E OF INJURY (Home, form,	20f. (City or town)	(County) (Stote)
	ME	Hour o.m. p.m. 19	While Not White foctor	ory, street, office bldg., etc.)		
		21. I certify that (I) (this haspital)	attended the deceased fram	JUNE 24, 196	6, to JUNE 24	L, 1966, that (I) (we) las
2		saw the deceased alive an alo	Ne 2451966, and that	death accurred at	P <sub>1</sub> M, fram causes ar	nd an the date stated above
		220. SIGNATURE	7	ATTENDING MED.	STAFF	22b. DATE SIGNED
	<	- Christal d	COOPIND M.D	). PHYS. DIRE	CTOR L PHYS. L	612466.
		22c. PHYSICIAN'S NAME (Type)	To look M	22d. ADORESS	Do Porpos	on hid
		100934	C. FOOMULD.	Haure	le gra	e / min
		REMOVAL (Specify)	23c. NAME OF CEMETERY OR C	and the second	23d. LOCATION (City or Town	, , , , , , , , , , , , , , , , , , , ,
1		Burial   6/2//19			Bel Air,	Maryland
0		FUNERAL DIRECTOR	ADDRESS	2So. REC'D 8Y		Charles Judge
0	Ch	narles E. Kurtz J	arrettsville,	Md. DATE JUN	40 1000	10

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detoched far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, cremation, or removal, and in ony event, within 72 hours offer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death Page 4 moy be retained by the hospitol or ottending physicion.

VR A15 (4) 20 M 1/66

1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	08485 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08475
HEALTH DEPT	1. PLACE DF DEATH  a. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If Institution; Besidence before admission)  b. COUNTY  Harfurd  MARYLAND
e funeral may be partment	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  10 DAVS
is necessary, o the funeral e 5 may be Department after death.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  6. IS RESIDENCE ON A FARM?
Page State hours	3. NAME OV First 1. Middle D Lest 4. DATE Month Day Year
PM3.	DECEASED (Type or print) Will a M Henry (Joman Death was 24 19 66. SEX   6. COLOR OR RACE   7 MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
ith. If all form P form P within	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MAR
ours after deat m 18. Give Pag e along with f pages 1 and 2 in any event v	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  11. BLATHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
s afte 18. G along along lges 1	13. FATHER'S NAME
hour teem Tice a	JOHN E. CLOMAN CORNELIUS ALLENDER  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 1/1/2 Address 3 EL 4/1/2, M.D.
r's of	218-18-19 16/16 MARION NI. RURKINDINE, 17. D. #3 130x360A
ed withi in pencil kaminer aminer it permi	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (b).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  IMMEDIATE CAUSE (a)
uld be executed "pending" in "pending" in if Medical Exar a burial-transit cremation, or i	9'040 DUE TO P A COMMENT
d be e when the crema	Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO
ficate should the word the word or the Chief used as a to burial, control or the	underlying couse last. (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ficate the o the used to bu	YES NO
certing ded t	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORMED?  YES NO  20a. EXTERNAL CAUSE WAS PRIMARY BY OF CONTRIBUTING CAUSE OF DEATH.
KE EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be rifles.  STOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
Page Page	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion
the certificates the certificates the certificates to the certificates the	death resulted from: Natural causes, Accident, Suicide, Homlcide, Undetermined manner
TY MEDICAN execute the r. Page 4 d for your RAL DIRECT th or its d	ACTUAL SIGNATURE ACTUAL OF ACTUAL ASSISTANT MEDICAL EXAMINER (1) 22. DATE SIGNED
To DEPUTY MEDICK. EXA please execute the condition of director. Page 4 should retained for your files. O FUNERAL DIRECTOR: of Health or its design	EXAMINER'S GETAIN CITATION OF COUNTY) G-34-C/6  Address (Street, city, town, or county)
D DEPUTY please est director. retained O FUNERA of Health	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)
0	24. FUNERAL DIRECTOR 1/1 ADDRESS O MO 25a. REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15ME 3500 4-64	R. MADISON MITCHELL HAVREDEGRACE DATEUN 28 1966 GUARDES JUST

SHOW STATE OF THE STATE OF SHOWING Section of the second section of the section of the second section of the section of Jima & Chamm Barren Remore A CHARLEST A PROPERTY OF THE PARTY OF THE PA Frederic R Lawrence Charle ( 1 State ) WHARESON IN WHAT I LAWRED ELIKARE - THE SAISE PERSON IN

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution: Rasidence before admission) . COUNTY a. STATE b. COUNTY by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) 24 write, RURAL end give nearest town) after 5-Pages MAYRE DEGRACE within LURAL filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS hours completely papers. n 72 ho 3. NAME OF Middla Lasi 4. DATE Month DECEASED OF -(Typa or print) DEATH EN within carbon 5. SEX B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR and NEVER MARRIED last birthday) WIDOWED X DIVORCED ALE remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) FARN -ARME 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMA (Yes, no, or unkown) | (Ifyas giva war or datas of servica) permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and signed by 9 PART I. DEATH WAS CAUSED BY cremation, IMMEDIATE CAUSE (e) urial-transit DUE TO ending Conditions, if any, which (b) gove rise to immadiate cause DUE TO (a), stating the undarlying cause last. certificate as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY 0 CERTIFICATION use prior 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Entar nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached After I MEDICAL 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, ! 20f. (City or town) 50 factory, straat, offica bldg., atc.) Not Whila Hour a.m. Should be de State Dept. c at work at work 21. | certify that (1) (this hespital) attended the deceased from... .....M, from the causes and on the date stated above. saw the deceased alive on and that death occurred at. 22a. SIGNATURE ATTENDING death. Page 4 page PHYS. DIRECTOR PHYS. HOSPITA M.D. 22c. PHYSICIAN'S 22d. ADDRESS filed \ NAME (Type) 23a. BURIAL, CREMATION, 1 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY EM 23d, LOCATION (City, town or county) 8 50 REMOVAL (Spacify) 24 FUNERAL DIRECTOR'S VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE

YES NO

1966

IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

ONSET AND DEATH

PERFORMED?

(County)

6., 19....., that (I) (we) last

NO [

(State)

22b. DATE

(State)

0

SIGNED

Year

Day

ON A FARM?

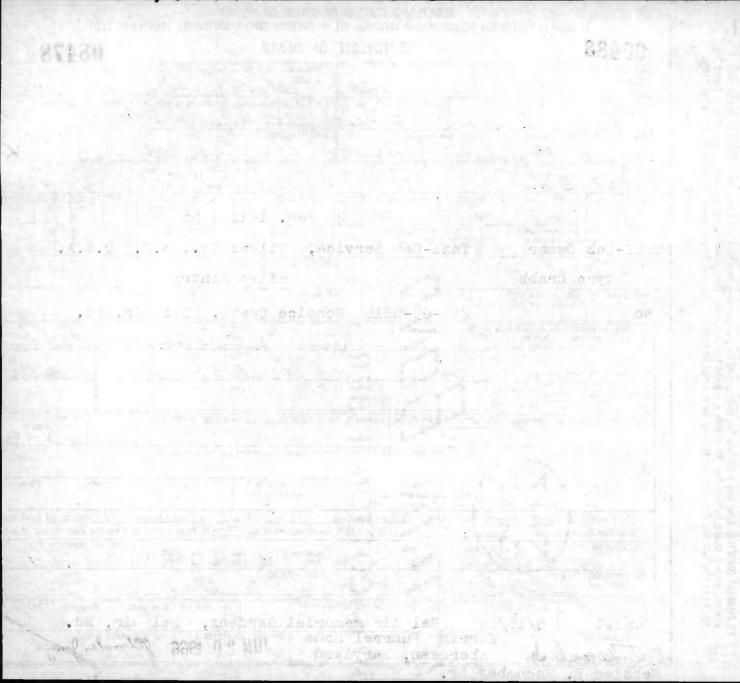
20M S-63

1 2 1 1 Candis Viscolar Frankjusmen 7-6-65 - 6/5/66 HATTLE GREET 3nd AND THE REST OF THE PARTY OF THE PARTY OF THE PARTY. MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

2 246		5,130, 0, 5,131,131,131,131,131,131,131,131,131,13
E (4)		08487 CERTIFICATE OF DEATH 08477
funeral funeral s 1 and 2 ter death		PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE b. COUNTY
after of the fundes 1 after of		Hartord MARYLAND W.C. Hartord
aurs after by the f Pages Tours after	1	b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)  c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)
aurs by Pe	B	Avre de Grace   aminutes   Therdeen
4 h d in Jers. 72 h	1,1	d. NAME DE HOSPITAL OR INSTITUTION (If not in haspital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
in 2	1-	lartord Memorial Hospital Kt   DOX 190 YES NOW
with ban wit		NAME OF First Middle Last 4. DATE Manth Day Year. DECEASED OF A DATE OF
ed v	5.	(Type or print) PATRICK HENRY COKER SET DEATH JONE SS 1900
ecut cam ove / ev	13.	Never markied   A 2 = 10 all last birthday) Manths Days Haurs Min.
nd rem	100	VILLA OCCUPATION (Cine bind of whet dame 10h KIND OF RISINESS OP 11 DIDTHOLASE (County & State or foreign country) 12 (TITZEN OF WHAT
ate be executed within 24 haurs of ician and campletely filled in by the lease remove carban papers. Pagand in any event, within 72 hours.	dur	ing most of working life, even if refriged Private Jamily Georgia COUNTRY? A.
icato sicio plec l, ar	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ith certificate be ding physician of then please removal, and in		Patrick Herry Cokers. MARTHA (Unknown)
the girls		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Registery
attending permit The	(16	is, na, grunknawn) (If yes give war ar dates of service) 157-01-1796 Mrs. Dorothy Martin, Havre de Gracy Md.
requires that the death certificate be executed within 24 haurs after g physician.  n signed by the attending physician and campletely filled in by the fure burial-transit permit. Then please remove carban papers. Pages 1 a burial, crematian, or removal, and in any event, within 72 hours after		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:  INTERVAL BETWEEN ONSET AND DEATH
equires that the physician. signed by the burial-transit p		IMMEDIATE CAUSE (a) hronic Cardiac Failure
quires th physician signed by burial-tra burial, cre		4 2 0 0 DUE TO
quir physign ign ouric		Canditions, if any, which gave (b) (b) rise to immediate cause (a), (b) To
ng ng en s		stating the underlying cause of the last of the underlying cause of the last of the underlying cause o
The law re attending has been se as the th priar ta		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?
도 p 로 a c	TION	PERFORMED?  YES NO
AN: al ar icate for u	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.)
rysicia haspital certific ched fo pt. af H		OR CONTRIBUTING CICAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSICIAN: e haspital ar nis certificate tached for u Dept. af Hea	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City ar town) (Caunty) (State)
de the Carte	ME	Hour a.m.  While Nat While factory, street, affice bldg., etc.)  p.m. 19 at wark at wark
ATTENDING etained by the CTOR: After should be dirith the State		21. I certify that (I) (this haspital) attended the deceased fram 6-23, 1966, to 6-23, 1966, that (I) (we) las
OR: OR: aulo		saw the deceased alive an 6-23 1966, and that death accurred at 2 4 M, fram causes and on the date stated above
OR ATTENI be retained DIRECTOR: /		220. SIGNATURE GEORGE J Standbury, M.D. ATTENDING MED. STAFF 22b. DATE SIGNED  22b. DATE SIGNED  22b. DATE SIGNED  CL 2 3 1 CL
L OR be re DIRE 3 age 3 filed w		Teorge J. Stansbury, M.D. PHYS. DIRECTOR PHYS. C6/23/66  22c. PHYSICIAN'S  22d. ADDRESS
TO HOSPITAL OR ATTENDING PHYSICIAN: The Page 4 may be retained by the haspital ar at TO FUNERAL DIRECTOR: After this certificate had director, page 3 shauld be detached for use shauld be filed with the State Dept. af Health		NAME (Type) GeorgeT. Stensbury &9 Revolution St. Houvede Grose, Md.
OSF e 4 UNE sctor	230	BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
Pog o		Burial, 6-26-1966 mt. Calvary Cemetery aberdien Harford Co. Md.
2	24	EUNERAL DIRECTOR  ADDRESS 5 5 4 250. REGISTRAR 258.
VR A15 (4) 20 M 1/66	10	telen & Bullock - Have de Grase Ind DATEN UN 28 1966 Jolianles Judge

55189 Secretary 1991 All March Property

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08488 CERTIFICATE OF DEATH deoth. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) funeral 1. PLACE OF DEATH o. COUNTY MARYLAND within 24 haurs after papers. Pages 1 b. CITY OR TOWN (If outside corporate limits C. LENGTH OF STAY IN 16 CITY OR TOWN (If write RURAL and give nearest tawn filled in I IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS within 72 YES NO X NAME OF Middle Year completely DECEASED OF DEATH , ond in ony event, (Type or print) executed AGE IF UNDER 1 YEAR IF UNDER 24 HRS. SEX 6. COLOR OR RACE DATE OF BIRTH (In years 7 MARRIED NEVER MARRIED last birthdoy) WIDOWED DIVORCED Feb. puo 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT requires that the death certificate be Taxi-Cab Service, physicion ( during most of working life, even if retired)
Taxi-Cab Owner COUNTRY? Wilkes Co., N.C. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME signed by the ottending phy burial-tronsit permit. Then p burial, cremation, or removal Ellen Gentry Tyre Crabb 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) 217-05-6214 Nondice Crabb. Bel Air. Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEE ONSET AND DEA IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse os the prior to hos been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? Heolth CERTIFICATION NO ATTENDING PHYSICIAN: 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office hldg., etc.) at work **DIRECTOR:** After 21. I certify that (I) (this hospital) attended the deceased from 19 66 to trune be retained saw the deceased alive an Accordance 1966, and that death occurred at/120AM/stam couses and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING DIRECTOR director, poge 3 should be filed v M.D. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS TO HOSPITAL TO FUNERAL NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) REMOVAL (Specify) 6/18/66 Bel Air Memorial Gardens, Bel Air, Tarring Formeral 24. FUNERAL DIRECTOR Home 2Sb. VR A15 (4) 20 M 1/66 Aberdeen, Maryland Webster B. Macomber Sr.



### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

OR STATE		08483	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	08479
EALTH DEATH	1.	PLACE OF DEATH D. COUNTY HAR SORD	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if	Harford
oth. It any deady ages 1, 2, and 3 th form PM3. Pa State Department 2 hours after deal		o. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16  6 years	c. CITY OR TOWN (If autside carporate limits, wi	rite RURAL and give nearest town).
Pages 1, 2 vith form State Dep		I. NAME OF HOSPITAL OR INSTITUTION (If not in h  Kirk Army Hospit		d. STREET ADDRESS  105 APG Md	e. IS RESIDENCE ON A FARM? YES NO
A & E		NAME OF DECEASED Type or print)  Lillian I		Deritti	Month Day Year 19 66
× × × × × × × × × × × × × × × × × × ×	S.	Female White w	IDOWED XX DIVORCED 2	8. Aug 92 73 birth	day) Months Days Haurs Min. yrs.
S S S	duri	USUAL OCCUPATION (Give kind of wark dane ag most of working life, even if retired) HOUSEWITE FATHER'S NAME	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign cauntry)  Cass County, Texa  14. MOTHER'S MAIDEN NAME	12. CITIZEN OF WHAT COUNTRY?
within 2 bencil ii Examiner File page: and in ar	10	David G. Lumis	16. SOCIAL SECURITY NO. 17. II	Elizabeth Ann	Neatherford
	(Ye	s, no, ar unknawn) (If yes give war ar dates of serv	463-30-3491T.		Maryland INTERVAL BETWEEN
are should the word to the C o buriol-tr cremation,		18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (a) DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause   DUE TO	Carcina Control Contro	n careur	ONSET AND DEATH
nis cermicate the writing the farworded to be used as a loop of the buriol, cres	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1	1(o) 19. WAS AUTOPSY PERFORMED?
rrifice	L CERTIFICATION	20g. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED. (	Enter noture of injury in Part I ar Part II of item	18.)
e the e 4 sh our fil ogent	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		E OF INJURY (Hame, farm, pry, street, office bldg., etc.) (City ar to	wn) (Caunty) (State)
y, please exected director. Property be retained for <b>RAL DIRECTOR</b> : or its designote		21. I certify that I taak charge af death resulted fram: Natural can ACTUAL SIGNATURE: SURVEY CONTROL		Id an Autapsy , Inspection , ide , Undetermin , Undetermin , Undetermin , Undetermin , CHIEF MEDICAL EXAMINER	Inquiry and in my apinion and
necessa the fun 5 moy 70 FUNE Heolth	230	PIBIAL SEMATION, 23b. DATE THEREOF BUT 12 June	23c. NAME OF CEMETERY OR CO. Farrel Co.	emetery Atlanta,	Cass Co., Texa
VR A15ME (5) 6M 1/66	134 Uz	Suneral Director St. Tary	ring Funeral Horden, Mary Endo	me 25JUND gy REGIS 1966 2	CHOICE HANDERS HIS HAND

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		08490	CERTIFICA	ATE OF DEATH	08480			
		a. COUNTY HARford	MARYLAND					
	1	b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)  ACC OCAC  d. NAME OF HOSPITAL OR INSTITUTION (If not		c. CITY OR TOWN (If autside carparate limits, write RURAL	ond give neorest town)  / 2 - /  I e. IS RESIDENCE			
6	L	tartord Memori	Al Hospital	222 Parke Street	ON A FARM? YES NO X			
	(	NAME OF DECEASED (Type or print)	4 Boy	EIIS 4. DATE OF Month OF DEATH JUNE				
	1	MALE White	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	June 24, 1966 lost birthday) M	UNDER 1 YEAR IF UNDER 24 HRS. anths Days Haurs Min. 11			
	1Da. duri	n. USUAL OCCUPATION (Give kind af wark dane ring mast af warking life, even if retired)	IDB. KIND OF BUSINESS OR INDUSTRY N/A	11. BIRTHPLACE (County & State, or foreign country) Harford Co, Maryland	12. CITIZEN OF WHAT COUNTRY?			
		FATHER'S NAME	?	14. MOTHER'S MAIDEN NAME Wilma I. Ellis				
	IS. (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no. or unknown) (If yes give war ar dates af	service) 16. SOCIAL SECURITY NO.	17. INFORMANT Address Hospital Records, Havre	de Grace, Md.			
		18. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o		in in the second	INTERVAL BETWEEN ONSET AND DEATH			
		Canditians, if any, which gave (b)	b)	7				
		stating the underlying cause last.	c)					
~	CATION	PART II. OTHER SIGNIFICANT CONDITIONS COM	NTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO			
0	L CERTIFICATION	2Do. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in Port I or Port II of item 18.)				
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 19	2Dd. INJURY OCCURRED While Not While at wark at wark	PLACE OF INJURY (Hame, farm, foctory, street, affice bldg., etc.)	(Caunty) (State)			
		21. I certify that (I) (this haspital) attended the deceased fram June 24, 1966, to June 25, 1966 that (I) (we) last saw the deceased alive an June 25, 1966, and that death occurred at 549 M, from causes and an the date stated above.						
		220. SIGNATURE /1304	Madeseh	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	226. DATE SIGNED  50Ne 26, 1966			
/		22c. PHYSICIAN'S NAME (Type)	BU, NADERE	22d. ADDRESS				
	230	D. BURIAL, CREMATION, REMOVAL (Specific) 6727-		OR CREMATORY 23d. LOCATION (City or Town) Memorial Gardena, Aberdee				
K	24	FUNERAL DIRECTORY JAMA	kn9 Abondoon	- 1 00H 2 X 1956 V	Charles Judge			

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. physician and completely filled in by the funeral **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending proficion and completely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pog shauld be filed with the State Dept. of Health priar ta burial, crematian, or removal, and in any event, within 72 hauns. Page 4 may be retained by the haspital ar attending physician.

eath

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit power. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. certificate be executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
118481 00404

10934	OLK III IOATI	L OI DEATH		1103	101
1. PLACE DF DEATH a. COUNTY		2. USUAL RESIDENCE (W	here deceased lived, If Inst		before admission)
MARTORA	MARYLAND	a. SIAIL	1 0.000	TIGE	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give pearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outsi	de corporate limits, wri	te RURAL end give	a nearest town)
MARKE-OF-GERACE	Thrs.	Harre-C	18-6-RO	200	12-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	spital, give street address)	d. STREET ADDRESS	1	9.	IS RESIDENCE ON A FARM?
THRIORG MEMORIAL	Mospilal	222 =	0.5/0KE	507 Y	ES NO A
3. NAME DF DECEASED	Middle	Lest / 4.	DATE Month	Day	Year
(Type or print) //ark 4	USCAR(	mmora	DEATH 6	2	1966
5. SEX 6. COLOR OR RACE 7. MARRIED	MI MEAEK MINKKIED	. DATE OF BIRTH		IF UNDER 1 YEAR	
Male While WIDOWED	DIVORCED	June 17, 1879	Sast birthday)	Months Days	Hours   Min.
102. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired in	ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County		12. CITIZEN O	F WHAT
Ne I IR & General	Grocery	Ma		COUNTRY	
13. FATHER'S NAME	Q /	14. MOTHER'S MAIDEN N	AME ( LA	VIZ	
John Henry (	mmord	X aux	A 08020000	XXXXXXXX	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S (Yes, no, or unkown) (If yes give war or dates of service)	SOCIAL SECURITY NO.   17.	INFORMANT	Address		Live
No 21	3-01-8046	Laura Co	mmardly	I.Fe lan	bore
18. CAUSE DF DEATH [Enter only one cause per lin	ne for (a), (b), end (c).]				VAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	umi Ce	relad Lle	le l	ONSE	T AND DEATH
331X DUE TO	^	1	The same	1	
Conditions, If any, which \ (b) 90	unlike a	isterio sele	roces	15.	zus
gave rise to immediate cause (a), stating the DUE TO	P 1)			. / '	
underlying cause last. (c)	Thelessi			15 2	110
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	MG TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN P	ART 1(a)   19.	WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED  20a. ACCIDENT WAS UNDERLYING   20b. DI CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				YES	PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DI	ESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injur	y In Part I or Part II of	Item 18.)	
ZDc. TIME OF INJURY Month, Day, Year   20d. IN.	JURY OCCURRED   20e. PLAC	E OF INJURY (Home, farm,	20f. (City or town)	(County)	(State)
ZDc. TIME OF INJURY Month, Day, Year   20d. IN. Hour a.m. p.m. 19 at work	Not While at work	y, street, office bldg., etc.)			
21. I certify that (I) (this hospital) attended	d the deceased from	ane 2 1961	to Jene 2	. 1966 tha	t (i) (we) last
saw the deceased alive on		death occurred at 720F	M, from the causes a		
22a. SIGNATURÉ	1 -			22b. DATE SIGN	
6 divard X	zmon M.D.	ATTENDING MED.	TOR PHYS.	6-2	66
22c. PHYSICIAN'S NAME (Type) [] WARD J.	Simon	22d. ADDRESS	P Dave,	Tref	
23a. BURIAL CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 1 23	d. LOCATION (City, tov	vn or county)	(State)
REMOVAL (Specify) June 4. 1966	Spesutia Ceme	tery	erryman	Harford	Md
24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D B)		GISTRAR'S SIGNA	
Howard K. McComas & Son	Abingdon, Md.	21009 R	tore och	carles Que	see.

VR A15 (4) 20M 1/65

THE CONTRACT HAS HAVE CHARE THE ERA TRANSMILL TO SHE STELLE STELLE ST HORRY COCCEETIONE TRUE WHITE herred dies Tild Tehn Henry Commend Langa Jake Co I was a Link a Communal with proFOR STATE HEALTH DEPT.

# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

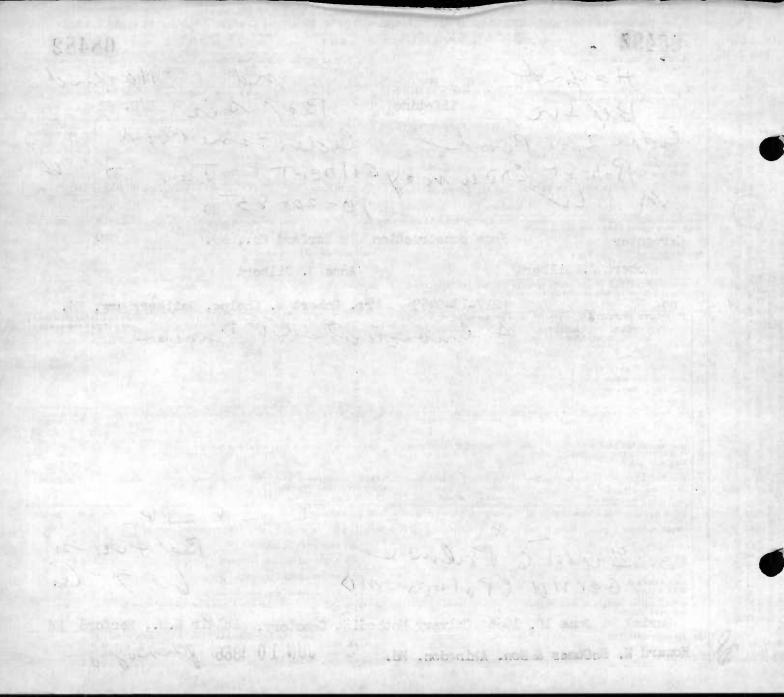
08492 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00334	AS CERTIFICATE OF BEATT	118482
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If	
Harfard MARYLANI	a, STATE b. COUN	Harb.
b. CITY OR TOWN (if outsida/corporata limits, c. LENGTH OF STAY IN 1		RURAL and giva nearest town)
write RURAL and give nearest town) Lifetime	Bookin	R/D. #2 /1 /
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	I e. IS RESIDENCE
Coding To B. I	P. J. Jens R	ON A FARM
3. NAME OF First Middle	Cedan Fra	YES NO 3
DECEASED (Type or print) Pake at the	Last 4. DATE Month	
1010 LICK NCEY	6-11DC,-11 DEATH Jun	£ 7 19656
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years last birthdey)	IF UNDER 1 YEAR IF UNDER 24 HRS.
WIDOWED DIVORCED	10-20-85 80 yrs.	Months Days Hours Min.
1Da. USUAL OCCUPATION (Give kind of work done during most of working lifa, aven if retirad)	STRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Carpenter Home construction	on Harford Co., Md.	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0011
Robert J. Gilbert	Anna S. Gilbert	
15. WAS DECEASED EYER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO   17		
(Yas, no, or unkown)   (Ifyasgiva war or datas of sarvica)		
18. CAUSE OF DEATH  Entar only one cause par line for (a), (b), and (c).]	Mrs. Robert W. Phelps, Gait	
	1 FICIDIO	ONSET AND DEATH
IMMEDIATE CAUSE (a)	levotic CV Prose	ce _
4221 DUE TO		
Conditions, if any, which (b)		
gave rise to immediata cause (a), stating the underlying  DUE TO		
causa last. (c)		
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY
OLD THE STATE OF T		PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	. (Enter natura of injury in Part I or Part II of item 18.)	YES NO
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	, (sine) heldle of injuly in ran for ran a of hem ip.)	
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. F. While Not While at work at work at work	PLACE OF INJURY (Home, farm, 2Df. (City or town) factory, straet, office bldg., etc.)	(County) (State)
p.m. 19 at work at work		
21. I certify that I took charge of the remains described above,	held an Aulopsy , Inspection , Inquir	y A and in my opinion
death resulted from: Natural causes . Accident . Su	uicide . Homicide . Undetermined m	anner
	CHIEF MEDICAL EXAMINER	11. = 21
ACTUAL MOSSIAM C Falmer	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE	M.D /	
EXAMINER'S GEINM PINCON	M DEPUTY MEDICAL EXAMINER	- ) (%)
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	Addrass (Straat, city, town, or county)  OR CREMATORY   22d, LOCATION (City, town,	or country) (Stata)
REMOVAL (Specify)		
Burial June 10, 1966 Calvary Met	chodist Cemetery, BelAir R.	D., Harford Md
	22222 4 -	ISTRAR'S SIGNATURE
Howard K. McComas & Son. Abingdon. Md.	JUN 1 0 1966 200	arles Judge

VR A15ME 5M 1/62

TO DEPUTY "DICAL EXAMINER: This certificate should be executed within 24 hours after death. If any they is necessary, please exent the certificate, writing the word "pending" in pendin in Item 18. Give Pages 1, 2, and 3 to the all director. Page 4 should be "warded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be refered for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 within 4 state Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 2 hours after death.



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. in and completely filled in by the funeral remove carbon papers. Pages 1 and 7 in any event, within 72 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending invisican director, page 3 should be detached for use as the burial-transit permit. Then prease should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	08493	3		CERTIFICAT	E OF DEATH	1	1	8483		
	PLACE OF DEATS a. COUNTY	Harford		MARYLANO	2. USUAL RESIDEN a. STATE	CE (Where deceased lived, b. (	COUNTY	sidence before admission)		
Н	b. CITY OR TOW write RURAL avre de	/N (if outside corpora and give nearest tove Trace	te limits,	c. LENGTH OF STAY IN 1b	c. city or town (i	utside corporate limit	s, write RURAL a	83-3		
	d. NAME DF HO	SPITAL OR INSTITUTION	ON (if not in ho	spital, give street address	d. STREET ADDRESS			e. IS RESIDENCE DN A FARM?		
	Brevir	n Nursing	Home		714	W. 33rd. S	treet	YES NO X		
3.	NAME OF DECEASED (Type or print)	Parie de	rst	Middle Trane	Last GOETZ	DF DEATH JU		Day Year 20 19 66		
i.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yo		YEAR   FUNDER 24 HRS.		
	Female	Cau.	WIOOWEO	DIVORCED _	23 Aug. 1	87/1 03	rs.			
Oa	I. USUAL OCCUPATION IN MOST OF WORK HOUS	TION (Give kind of work king life, even if retire ECWLIE	d) IN	ND DF BUSINESS OR OUSTRY		County & State, or foreign co	CO	TIZEN OF WHAT UNTRY? U.S.A.		
13.	FATHER'S NAM	ME		101110	14. MOTHER'S MAI					
	H	lenry Tran	10		Chr	istine Uph	off			
		EVER IN U.S. ARMED FO		SOCIAL SECURITY NO.   17	INFORMANT		ddress			
Te	No.	(If yes give war or dates	of service)	N/A	Albert Goe	tz, Richmo	nd. Vi	ginia		
ī		DEATH [Enter only or	e cause per li	ne for (a), (b), and (c).]				INTERVAL BETWEEN ONSET AND DEATH		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)									
	450				0					
	Cenditions, If		(b)							
		rise to Immediate								
	cause (a), s underlying caus	tating the	(c)		1	. 1	1 /			
001				TING TO DEATH BUT NOT RE	ATED TO THE TERMINAL	DISEASE CONDITION GIVE	N IN PART 1(a)	19. WAS AUTOPSY PERFORMED?		
Z Z	1010	105/120C	An	- HAMCELON	06x NP	leve mal	inc	YES NO I		
	20a. ACCIDENT	WAS UNDERLYING	20b. D	ESCRIBE HOW INJURY OC	URREO. (Enter) nature	of Injury In Part I or Part	II of Item 18.	)		
C EX	OR CONTRIBUT	ING CAUSE OF DEA	NER)							
AL		INJURY Month, Oay,		JURY OCCURREO   20e. PI	ACE OF INJURY (Home, 1	arm, 20f. (City or tow	vn) (Cou	nty) (State)		
חוכ	Hour a.	m	While	Not write	tory, street, office bldg.,	etc.)				
M	p.m. 19   at work   1									
	21. certify that (i) (this hospital) attended the deceased from 1906, and that death occurred at 100 mm the causes and on the date stated above									
		ceased alive on		19 (1), and th	at death occurred at	M, rom the cal		TE SIGNED.		
	22a. SIGNATU		MAIL	MARIA	ATTENDING	MED. STAFF	D 6 -	71-61		
	22c. PHYSICI	ANYS	1 1 1 A	V V V V V V V V V V V V V V V V V V V	.D. PHYS. LA	OIRECTOR PHYS.				
2	NAME (T	ype) Pete	r P. R	odman. M.I	8 Taw S	Street. Abe	erdeen.	Md.		
232	BORIAL, CREM		THEREOF	23c. NAME OF CEMETE		23d. LOCATION (CI				
	MDVAL (Sp		11966	Tunary	butteray kee	4. Butte.	Waryle	. X		
24	FUNERAL DIR	ECTOR /	/ Tar	ringorFunera	100	ECO BY REGISTRAR   251	o. REGIS RAR"	SIGNATURE		
	ונט נשפורוו	MICAULIN.	11.			011 4 1300	1	1		

Aberdeen.

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Md.

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1966

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STATE FOR HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil In Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 08494 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY					2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY						
Harford MARYLANO					Maryland Baltimore						
b. CITY OR TOWN (If o	utside corpora	te Ilmits,	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (If	outside co	rporate limits, wr	Ite RURAL a	ind give n	eerest town)	
Rural Fores	THILL	(11)			White Ha	11	(Rural)	/	12 3	2	
d. NAME OF HOSPITAL	OR INSTITUTIO	ON (if not in h	ospital, give street add	ress)	d. STREET ADDRESS					RESIDENCE N A FARM?	
Jarret	tsville	MAKE	Road		Kirkwood	Shop	Road		YES		
3. NAME OF DECEASED		irst	Middle		Last	4. DATE	Month	1	Oay	Year	
(Type or print)	Charle		L,		Greer	DEAT	o une		14	1966	
5. SEX 6. CC	LOR OR RACE	7. MARRIED	NEVER MARRIEO		B. OATE OF BIRTH	9	. AGE (In yeers lest birthday)	Months   1		OURS   Min.	
Male W	hite	WIOOWEO	OIVORCEO [		April 14.	1939	27 yrs.				
10a. USUAL OCCUPATION (G during most of working life	ve kind of work	done 10b.	(IND OF BUSINESS OR NOUSTRY		11. BIRTHPLACE (S	State or fore	elgn country)	12. CIT	IZEN OF V	NHAT	
Carpenter	, 01011 11 101110		nstruction	1	Glencoe	. Mar	yland		S.A.		
13. FATHER'S NAME		15			14. MOTHER'S MAIC	DEN NAME			100	33	
Earl Ham	ilton	Greer			Gertr	ude H	eath				
15. WAS DECEASED EVER I		DRCES?   16	SOCIAL SECURITY NO.	17.	INFORMANT		Addres	ss Whi	te H	977.	
(Yes, no, or unkown) (If yes Yes 19	61-63		-58-7286	Mr	s. Fannie	M. G	reer	Md.	217	61	
			line for (a), (b), and (c).		5 1 00121120	24.0	1001	1		L BETWEEN	
PART I, OEATH W	AS CAUSED BY	,	cture Skull						ONSET A	AND DEATH	
8191 IMM	EDIATE CAUSE		Coure DRULL								
Conditions If any v	Conditions, if any, which \ (b) Fracture left mandible										
gave rise to imme	dlate		CONTA TATA	The state of	UI VIE						
cause (a), stating the DUE TO underlying cause last.											
		ONS CONTRIB	UTING TO DEATH BUT NO	TRELA	TED TO THE TERMINAL	DISEASE COL	NDITION GIVEN IN	PART 1(a)	19. W/	AS AUTOPSY	
AT10									YES T	RFORMEO?	
PART II. OTHER SIGN F  20e. EXTERNAL CAUS PRIMARY OF CONTE CAUSE OF DEATH.  20c. TIME OF INJURY Hour a.m. p.m.	SE WAS	20b.	DESCRIBE HOW INJURY	OCCL	JRREO. (Enter nature o	of injury in F	Part I or Part II o	of Item 18.)	1		
20e. EXTERNAL CAUSE PRIMARY OF CONTE	IBUTING [										
20c TIME OF INITIO	CAUSE OF DEATH.  Auto Accident. Auto-Object type  20c. TIME OF INJURY Month, Oay, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)										
Hour a.m.	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  While Not While factory, street, office bldg., etc.)										
21. I certify that	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection X, Inquiry X, and In my opinion										
death resulted fro	death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner										
ACTUM To	ACTUAL TO THE PROPERTY MEDICAL EXAMINER WAS DELLAND BOOK STORES										
SIGNATURE	eren	100	ene		M.O. ASSISTANT ME		_	E ,	111	//	
EXAMINER'S CE	EXAMINER'S CET Old E PO (ME)- MEDITY MEDICAL EXAMINER 10 6-14-46 NAME (Type) CET Old E PO (ME)- MEDITY MEDICAL EXAMINER 10 6-14-46										
23a. BURIAL, CREMATION REMOVAL (Specify)	3a. BURIAL, CREMATION, 23b. OATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)										
Burial	6/17/	1966		Men	. Gardens	Bel		Maryl			
24. FUNERAL OIRECTOR			ADDRESS		25a. RI	EC'O BY REG		EGISTRAR'S			
Charles E.	Kurtz	Jar	rettsville	e,	Md. ONEN	171	966 100	rarle	Jud	el.	

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F 1 sic Life boxCyreH to the second of the State Claff arids Auto acciona, Arta-Oblista true All office the court office the description of the 20 11 6 Polmer 40 8 1412 14-61  TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any events within 72 hours after death.

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DIVISION OF STA

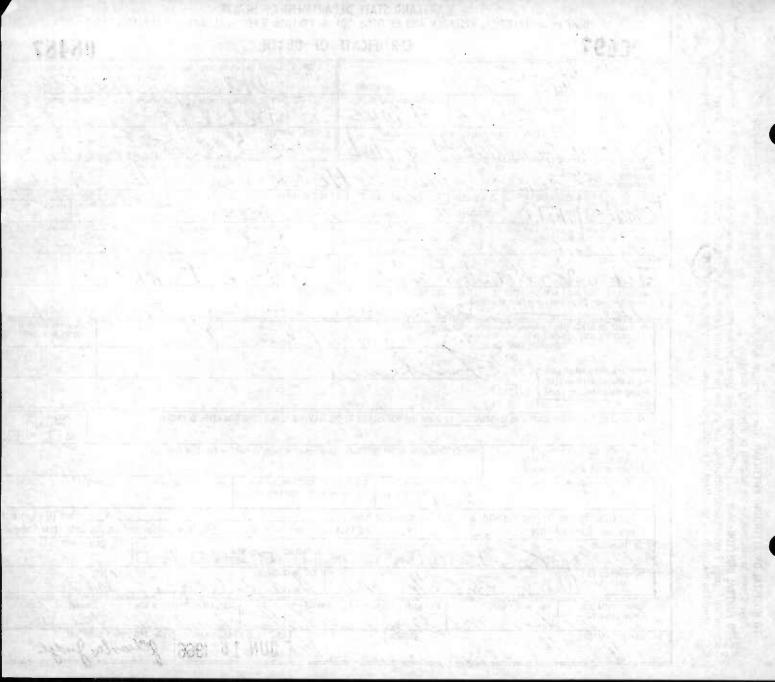
MARYLAND STATE DEPARTMENT OF HEALTH	
ATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAN
CERTIFICATE OF DEATH	11848

1. PLACE OF DEATH a. COUNTY Harford MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY Harford							
MANICAND	Maryland nari oru  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)							
write RURAL and give nearest town)								
Rural - Joppa   Iifetime	Rural Joppa /2 /							
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 1300 Clayton Road  e. IS RESIDENCE ON A FARM? YES \[ \begin{array}{c} No \[ \begin{array}{c} \text{YES} \[ \end{array}\]							
3. NAME OF First Middle DECEASED (Type or print) GEORGE OTTO	Last 4. DATE Month Day Year OF DEATH June 27 1966							
	B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.							
Male White WIDOWED DIVORCED	August 11,1903   Jast Birthday)   Months Days Hours Min.							
1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Supr-Filtration Plant US Gov retired	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY? USA							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
George F. Harmeyer	Helena Stolze							
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address							
	s., Nellie May Harmeyer, 1300 Clayton Road							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (e).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  4 4 3 X  DUE TO  Conditions, If any, which  (b)  Conditions	d'Aterias Chrolis							
gave rise to immediate cause (a), stating the underlying cause last.	scular Disease Since 1958							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  2Da. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY PERFORMED?   YES   NO							
	RRED. (Enter nature of injury in Part I or Part II of Item 18.)							
2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLA facto while at work 19 19	CE OF INJURY (Home, farm, ry, street, office bldg., etc.)  2Df. (City or town) (County) (State)							
21. I certify that (1) (this (hyspital) attended the deceased from Least 19th, 1958, to the 27, 1966 that (1) (we) last								
saw the deceased alive on 200 27 the 19 co, and that death occurred at AM, from the causes and on the date stated above.  22a. SIGNABURE  ATTENDING MED. STAFF								
22c. PHYSICIAN'S DIRECTOR PHYS.   22d. ADDRESS								
NAME (Type) Edward Loo, M.D. 211 N. Union Ave., Havre de Grace, Md.								
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)  REMOVAL (Specify)  Burial June 30,1966 Trinity Lutheran Cemetery Joppa Harford Md								
Birlal June 30,1966 Trinity Luthe	Pran Cemetery Joppa Harford Md							
	21009 DATEJUN 29 1966 Acharles Jusque							
mand it ilfooms & pond wornsage in	DATES OF A STATE OF A							

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) . COUNTY b. COUNTY # 7 T MABYZAND by th deat b. CITY OR TOWN (if outside corporate limits, LENGTH OF STAY IN 16 OR JOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give negrasi town) Pages 1 after d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE hours ON A FARM? YES NO Z completely papers. NAME OF Middle DATE Last Day Yeer 72 DECEASED OF (Type or print) DEATH 19 C withi carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH pue lest birthday) Months Hours Min. WIDOWED A DIVORCED certificate remove 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Steta, or loraign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, evan if retired) any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME affel Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT removal (Yas, no, or unkown) | (If yes give wer or dates of service) permit. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). physician. INTERVAL BETWEEN signed by ONSET AND DEATH ö PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, burial-transit DUE TO attending Conditions, if any, which has been gove rise to immediate cause DUE TO burial (e), stating the underlying couse last. (c) the PHYSICIAN: 0 After this certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION the hospital 95 9 PERFORMED? NO X for use prior 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH Health (IF EITHER, NOTIFY MEDICAL EXAMINER) detached ATTENDING Month, Dey, Yeer 2Dc. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) be retained While Not While ō Hour a.m. et work et work DIRECTOR: State Dept. 8 1966 to 21. I certify that (I) (this hospital) attended the deceased from... plnoys ......1966., and that death occurred about M, from the causes and on the date stated above. saw the deceased alive on... may 22e. SIGNATURE 22b. DATE ATTENDING SIGNED 3 DIRECTOR PHYS. PHYS. HOSPITAL M.D. FUNERAL page Page with 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) MON director, g 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) LOCATION (City, town or county) 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D REGISTRAR 25b. REGISTRAR'S SIGNATUR VR A15 (4) 20M 5-63

ARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08497 CERTIFICATE OF DEATH within 24 haurs after death. and 2 1. PLACE OF DEATH the funeral 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE b COUNTY MARYLAND by the r b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) hours write RURAL-and give/nearest town NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? .⊆ d. STREET ADDRESS filled hin NO YES 3. NAME OF pau × First Middle 4. DATE Manth Day Year campletely DECEASED OF DEATH event, (Type ar print) executed 9. AGE (In years 6. COLOR OR RACE DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Days Hours DIVORCED WIDOWED () -10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) VALSHUMI COUNTRY? requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, na, ar unknown) (If yes give war ar dates af service) 0 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO buriol Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause priar to peen the last. SD 19. WAS AUTOPSY PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health 1 NO certificate PHYSICIAN: 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City ar tawn) (County) (State) Hour a.m. factory, street, affice bldg., etc.) After at wark L at wark 21. I certify that (I) (this haspital) attended the deceased fram , 19\_\_\_, that (I) (we) last . 19...... ta retained M, fram causes and an the date stated above. TO FUNERAL DIRECTOR: saw the deceased alive an\_ and that death accurred at 22b. DATE SIGNED 22g. SIGNATURE STAFF PHYS. DIRECTOR be filed M.D. PHYS. 222-PHYSICIAN'S 22d. ADDRESS O HOSPITAL NAME (Type) directar, shauld b 23d\_LOCATION (City or Town) 23a. BURIAL CREMATION. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) 24. FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08498

### CERTIFICATE OF DEATH

08488

1 4 0		0020	
-		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
		a. COUNTY MARYLAND	O. STATE MORYLAND b. COUNTY HORFORD
		b. CITY OR TOWN (If outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carparote limits, write RURAL and give neorest tawn)
		write RURAL and give nearest tawn)	
74		HAVRE DE GRACE 28 DAYS	d. STREET ADDRESS  1 e. IS RESIDENCE
	1	d. NAME DF HDSPITAL DR INSTITUTION (If nat in haspital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
90		BITEXIN NURSING HOME	Yeadowyale   Yandor YES   NO
		NAME OF First Middle	Last 4. DATE Month Day Year
		DECEASED (Type or print) NEBSTER LAMARY	OBKINS DEATH JUNE 17 1966
- 300	S. :	SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED	8 DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
		M   WIDOWED   DIVORCED	12-23-1896 G9 yrs. Months Days Haurs Min.
	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
	duri	ing most of working life, even if retired). INDUSTRY	M n COUNTRY?
		ARPANTER-KETIRED CARBENTER	MID
	13.	FATHER'S NAME	14. MDTHER'S MAIDEN NAME
		Damuel b. Hopkins	Annie Hetrick
			INFORMANT Address 4 21078
	(16	s, 10, of officion (1) yes give wor of dates of service 217-05-7904 1/ks	S. ALICE G. HIPHING, HAVREDE GRACE MD
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	INTERVAL BETWEEN
	8	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
130		331X IMMEDIATE CAUSE (a) DUE TO	14 Million 1
2.4		Conditions if any which agus >	
		rise to immediate rause (n)	
		stoting the underlying couse DUE TO	
		last. (c)	
	N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED?
0	CERTIFICATION		YES NO
	TE	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I or Port II of item 18.)
	GR.	OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	3		CE OF INJURY (Hame, farm, 20f. (City or town) (County) (State)
	MEDICAL	Haur o.m. While Not While fact	tary, street, office bldg., etc.)
		J.III. I di Walk I di Walk	2/15 10/12 10/- 60/ 11 11/11/11
1.51		21. I certify that (1) (this hospital) attended the deceased fram_	
			death accurred atM, fram causes and an the date stated abave.
		220. SIGNATURE	ATTENDING MED. STAFF 226. DATE SIGNED
-37		CHROUM/O I VOC Y M.	
-1		22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
83		1 100 FERTIS 197	ON HAYREDE BRACE ! (MO.
	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY DR	CREMATDRY 23d. LOCATION (City or Tayun) (Caunty) (State)
2		BURIAL JONE20, 1966 NOCK PUN	EMI HARFORD. CO, MD
The same	24	SUNERAL DIRECTOR CALL ADDRESS	250 REGISTRAR 251 REGISTRAR'S SIGNATURE
16	4	Madein Milelill DAVRE DECTRACE	EMD DATE A 1 1300
	1		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. They please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, or removal, and fin any event, within 72 haurs after dept. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH
of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND, 21201

		DIVISION OF	JIAIISIICAE KESE	ARCH AND RECORDS, OU		, DALIMONE, MARTER	NO ZIZOI			
		08499		CERTIFICATE	OF DEATH		08489			
		PLACE OF DEATH	,		2. USUAL RESIDENCE (Who	ere deceased lived, if institution	: Residence before admission)			
	(	O. COUNTY HARF	Tood.	MARYLAND	o. STATE M	b. COUNTY	Cecil			
	ŀ	o. CITY DR TDWN (If outside corp	arate limits,	c. LENGTH DF STAY IN 16	c. CITY OR TOWN (If outsi	de carparate limits, write RURA	L and give nearest town)	_		
	1	write RURAL and give hearest	HOWN)	1 42-104	Penerin	110	07.2			
	1	HURE WELL	TION (If not in besnital	nive street midraks)	d. STREET ADDRESS	11/0	e IS RESIDENCE	_		
		1/12/	11	nl Har stil	1	HOWN R	e. IS RESIDENCE ON A FARM? YES NO	4		
	2 5	NAME OF	/ Yemori	Middle /		4. DATE Month	Day Year	2		
	[	DECEASED A 1 1	0. 4.4	To		OF DEATH JUNE	25 1966	6		
	5. 5	Type or print) 6. COLOR DR	R RACE 7. MARRIED	N NEVER MARRIED	B. DATE OF BIRTH		IF UNDER 1 YEAR   IF UNDER 24 H	RS.		
	A	1.1.	WIDOWED	DIVORCED D	6-18-190	lost birthday)	Months Days Hours Mi	in.		
	100	USUAL DCCUPATION (Give kind of		IND DE BUSINESS OR	11. BIRTHPLACE (County & S		12. CITIZEN OF WHAT	_		
	duri	ng most of working life, even if reti	ired) IN	IDUSTRY	N J	roto, or rotoign coom //	COUNTRY? U.S			
H		achine Opera	tor Har	ford Metal C	14. MOTHER'S MAIDEN NAI	MF	0.5	_		
		William J. WAS DECEASED EVER IN U.S. ARME		Social Security No. 17. 1	Laura Cr	alg Address		_		
	(Ye	s, no, or unknown) (If yes give wo	or or dotes of service)							
		No	11/		rah Jacks	on, Perryvi	The state of the latest the same of the sa	_		
		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	Ily one couse per line for D BY:	(a), (b), and (c).)	00/ 5. 1	neto to	INTERVAL BETWEEN ONSET AND DEATH			
			ATE CAUSE (a)	Jil of the	engs 201	ico activity		-		
		Conditions, if any, which gave )								
		rise to immediate cause (a),		4	0	DA	2			
		stating the underlying cause last.	( A	wester #	F. Carl	Kulmond	4			
		<del></del>	) (c)	TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE COND.	TION CIVEN IN DADT 1/-)	VOOTIIA DAW 011	=		
ď	NO	PARI III OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING	TO DEATH BUT NOT KELATED TO	IF O	ITION GIVEN IN PART I(0)	19. WAS AUTOPSY PERFORMED?			
)	S	Xeverage	of areun	CONDE HOW WHITE OCCUPATE	7.10	4 L D - 4 H - 6 ( 10 )	YES NO			
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF D	DEATH	ESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Pol	rt I or Part II of Item 18.)				
		(IF EITHER, NOTIFY MEDICAL EXAM		MILIDY OCCUPATED TOO. DIAG	CE OF INJURY (Home, form,	20f. (City or town)	(County) (Stote)	1		
	MEDICAL	20c. TIME OF INJURY Month, De Hour a.m.	While	Not While facts	ary, street, affice bldg., etc.)	Zor. (City of fowil)	(conny) (21018)	,		
	2	p.m.	19 at wor		h- 0 // //	1 3		_		
		21. I certify that (I)	(this haspital) atten	ded the deceased fram	n 47 14, 19	ee to June 2	5, 19 <b>66</b> , that (I) (we)	last		
		220. SIGNATURE	ve an JUNE	25 1966, and that	death accorred at	m, fram causes a	22b. DATE SIGNED	ave.		
		ZZO. SIGNATURE	(1/1	nan mi M.	ATTENDING M	ED. STAFF	1/0/1/1			
1		22c. PHYSICIAN'S	CIN	Can 112 M.L	D. PHYS. LJ DI 22d. ADDRESS	RECTOR L PHYS.	6/46/66	-		
		NAME (Type) PA	BLO K.C	HAN MD.	HARFOR	D MEM. H	405P.			
	220	. BURIAL, CREMATION, 23b	DATE THEREOF	23c. NAME OF CEMETERY OR	CPEMATORY	23d. LOCATION (City or Town	(County) (Stote)	=		
	230	REMOVAL (Specify)	1			5				
	24	FUNERAL-DIRECTOR	/28/1966	Asbury Ce	metery 2So. REC'D B	Port Denos	STRAP'S SIGNATURE	_		
A	/	00/1/84	mb/n/	Para seriola	MI DATE JU	JL 6 1966	Marles Judge	4		
of all	0 1 1		OND WWW	WAAR WYTH FILLS	FILM .   DAIL	- 1				

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Their pitals remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, crematian, or removal, and in any event, within 72 haurs after death VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08500 executed within 24 hours after deoth death and 2. USUAL RESIDENCE Where deceased lived, if institution: Residence before admission) funerol I. PLACE OF DEATH b. COUNTY o. STATE a. COUNTY ORK MARYLAND er by The Pages b. CITY OR TOWN (If outside carparate c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) write RURAL and give negrest town e. IS RESIDENCE ON A FARM? d. STREET ADDRESS papers. Jin 72 he NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) .⊆ completely filled YES NO X 4. DATE Day Year Manth NAME OF Middle OF DECEASED 19 DEATH event, (Type ar print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH SEX 6. COLOR OR RACE 7. MARKED **NEVER MARRIED** last birthdoy) Months Doys WIDOWD DIVORCED ony puo 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work dane pe during most af warking life, even if retired) INDUSTRY physicion ( nen please requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removo attending p permit. The 17. INFORMANT 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ng. ar unknown) (If yes give war ar dates af service LONES buriol, cremation, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (9) the signed by the buriol-tronsit ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave (b) rise to immediate cause (o), DUE TO stating the underlying cause hos been s ise os the t th prior to b be retained by the hospital or offending lost 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES NO certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH of TO FUNERAL DIRECTOR: After this certification of the state of the stat (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (Stote) 20e. PLACE OF INJURY (Hame, farm, (City ar town) (County) 20d. INJURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Haur a.m. While Nat White at wark 21. I certify that (1) (this hospital) attended the deceased from director, page 3 should should be filed with the M, from causes and an the date stated abave. and that death accurred at 19 G.C. saw the deceased alive on 22b. DATE SIGNED 22a, SIGNATURE **ATTENDING** DIRECTOR PHYS PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town (Caunty) (Stote) 23b. DATE THEREOF 23a. BURIAL, CREMATION REMOVAL (Specify) REGISTRAR'S SIGNATURE **ADDRESS** 25g. REC'D BY REGISTRAR 25b. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

A wife of the country of the first of the first A CONTRACT OF THE PART OF THE

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Item 4 Film G379 8/8/66 mh 08501 OF DEATH CERTIFICATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Harford Maryland Harford MARYLAND b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) write RURAL and give negrest tawn 1-Day Aberdeen Proving Ground, Md. Edgewood d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Kirk Army Hospital Box 108, SOC, C22, Class#1 YES NO Y 3. NAME OF First Middle 4 DATE DECEASED OF DEATH (Type or print) Jesse S SEX IF UNDER 1 YEAR 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED lost birthday) Female Mong WIDOWED DIVORCED Oct 15, 1965 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Lawton, Oklahoma 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Nancy M. S. (Lee George K. Lim 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknawn) (If yes give war ar dates af service Father - 6707 C Jacob Ct., Edgewood, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Ventricular Arrhythmia DUF TO 6 mos. Conditions, if any, which gave (b) Congestive Heart Failure rise to immediate cause (a). DUE TO stating the underlying cause 6 mos. () Endocardial Fibroelastosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Nat While at wark at wark 27 June 19 66, to 28 June 1966, that (1) (1) lost 21. I certify that (I) (this haspital) attended the deceased from\_\_\_\_ sow the deceased alive on 28 Tune 186, and that death occurred at 10:45M, from couses and on the date stated above 22b. DATE SIGNED 22a SIGNATURE ATTENDING STAFF PHYS. 28 Juno M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) CAPT., MC LELAND WIGHT. Kirk Army Hospital. APG. Md 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23o. BURIAL CREMATION 23b. DATE THEREOF (County) REMOVAL (Specify) Aberdeen Proving Post 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. the funeral ages Land by the te papers. Page hin 72 haurs c hin 72 l and in any event, with remave carban physician a OF permit crematian. signed by the burial-transit burial, O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending as the certificate TO FUNERAL DIRECTOR: After this filed with the directar, page should be filed

VR A15 (4)

141-54 Walter Street County of the Co had-Company Company Compan Complete Committee Committ 

# FOR STATE HEALTH DEPT.

COKAD

O DEPUTY MEDIUM EXAMINER: This certificate should be executed within 24 hours after death. If any delay scessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. the State Department 72 hours after death. TO STATE OF THE PARTY OF THE PA TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and of Health or its designated agent, prior to burial, cremation, or removal, and in any event TO DEPUTY MED

> VR AISME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1	UOSUZ MEDICAL EXAMINERS	CERTIFICATE OF DEATH	00492						
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: F	lesidence before admission)						
	Harry MARYLAND	a. STATE b. COUNTY	V						
	b. CITY OR TOWN (If outside corporate limits. Y-c. LENGTH OF STAY IN 1b	c. CITY DR TOWN (If outside corporate limits, write RURAL	and give nearest town)						
	write RURAL and give nearest town)	Ballinno 21224	31-1						
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE						
	York Harford Nemil Hosp	Aid 6602 Bushing St	YES NO NO						
3.	ORROW (Type or printy) TAMES WEAVER MORROW	Last 4. DATE Month OF DEATH OF	Day Year 1966						
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 6/3/1914 9. AGE (In years   FUNDER   Months   yrs.	Days Hours Min.						
100 dui	USUAL OCCUPATION (Give kind of work done look, KIND of BUSINESS OR ling most of worklor life, even if retired)     BOAT MFGR.	11. BIRTHPLACE (State or foreign country)  N. CARODINA	ITIZEN OF WHAT JUNTRY? JSA						
	. FATHER'S NAME	14. MÖTHER'S MAIDEN NAME							
	THOMAS MORROW	MARY E. OWENS							
	. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address							
	es, no, or unkown) (If yes give war or dates of service) 251:09:1109CH	RISTINE G. MORROW: AS IN #2	2 ABOVE						
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	/ / *	INTERVAL BETWEEN						
2	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) ## Andrews C	V disease	ONSET AND DEATH						
	443X DUE TO								
	Conditions, if eny, which (b)								
R	gave rise to immediate (								
	underlying cause last. (c)								
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)	19. WAS AUTOPSY PERFORMED?						
CAT			YES NO						
CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUT	URRED. (Enter nature of injury in Part   or Part    of Item 18	.)						
	task.		unty) (State)						
MEDICAL	Hour a.m.  p.m.  While Not While at work at work	ory, street, office bldg., etc.)							
Σ	21. I certify that I took charge of the remains described above, he	eld an Autopsy . Inspection . Inquiry .	and in my opinior						
		nicide . Homicide . Undetermined manner							
	<i>m</i> . <i>R</i> 1	CHIEF MEDICAL EXAMINER   B MA	15, 21						
	SIGNATURE SOULL O ONLINE	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED						
	EXAMINER'S GETTIS & Priner 1	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	-4-66						
23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER		unty) (State)						
L	BERTAL 6/7/66 BERAIR MEM	. GARDENS BELAIR, MD.	In algorithms						
24	ADDRESS ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR							
W	LITER BROOKS BRADLEY, DUNDALK, MD	DATUN 7 1966 foliante	o juage						
		and the same of th	1.0						

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

M		085 <b>03</b>	CERTIFICATE OF DEATH		08493
er death	Ī.	PLACE OF DEATH a. COUNTY HAR FOR d	2. <b>USUAL RESIDENCE</b> o. STATE	(Where deceased lived, if institution: Resider b. COUNTY	nce before admission)
hours after	T	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16 C. CITY OR TOWN (IF	outside corporate limits, write RURAL and giv	e neafest town)
nin 72 ho		d. NAME OF HOSPITAL OR INSTITUTION (If not in h	ospital, give street address)  d. STREET ADDRESS	val - 1 ANE	e. IS RESIDENCE ON A FARM? YES NO
	3.	NAME OF DECEASED First	Middle Last	4. DATE Month OF	Day Year
event, with	S	(Type or print) Decrge	HRANKIIN MOUISDAILE HARRIED NEVER MARRIED 8. DATE OF BIRTH	9. AGE (In years IF UNDER	
a de la companya de l	10	Da USHANOCCUPATION (Give kind of work done	DOWED DIVORCED 3/12/1880	Yrs. 12. Cl	Days Hours Min.  TIZEN OF WHAT
, and ir		uring plost eleverking life, even if retired)	Chilload Maryl	and a	OUNTERS A.
ar remaval, and in	L	DAVID	Moulsdale EgizA	beth 7	ThompsoN
ian, ar remaval, and		S. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of servi	(e) Unknown Maii Dee	Bue Faradi -	tobes ma
	T	18. CAUSE OF DEATH (Enter only one cause per PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (a), (b), and (c).)  CARDIAC ARREST		INTERVAL BETWEEN ONSET AND DEATH
burial, cremat	1	33/Y DUE TO	PNEUMONITIS		
		rise to immediate cause (a), stoting the underlying cause lost. (c)	CVA		
Health priar to	MOIT	PART IL OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE O	ONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
a a	CEPTIFICATION		205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in	n Part I or Port II of item 18.)	
State Dept. a	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o.m. p.m. 19	20d. INJURY OCCURRED While Not While at work foctory, street, office bldg., et		unty) (State)
the Stat	I	21. I certify that (I) (this haspital saw the deceased alive on	attended the deceased from 6-23,	1966, to 6-27, 19 of 85 M, from causes and on t	that (I) (we) las
with the	1	22a. SIGNATURE	DAG M.D. ATTENDING M.D. PHYS.		ATE SIGNED 27-66
be file		22c. PHYSICIAN'S NAME (Type) GUNTHER	D. HIRSOH 22d. ADDRESS HAVRE	DE GRACE, MO	1.
shauld be filed with the	2	30. BURIAL REMATION, REMOVAL (Specify) 23b. DATE THEREOF	23c. NAME OF CEMETERY OR CREMATORY	23d tocation (City or Town)	(County) (Slote)
5 Mg	1	24 FUNERAL DIRECTOR		C'D BY REGISTRAR 2Sb. REGISTRAR'S S	SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

E. 17

Joseph William Foster

MARYLAND STATE DEPARTMENT OF HEALTH

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		detact patical	14.5 <b>C</b>

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FOR STATE HEALTH DEPT.

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delay is

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, priar ta burial, cremation, ar remaval, and in any event within 72 haurs after death. 5 may be retained far your files.

CAL EXAMINER: This certificate should be executed within 24 haurs after death. If

TO DEPUTY MED

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	08505		MEDICA	AL EXAMINE	R'S CER	TIFICATE O	F DEATH			0845	95
T	. PLACE OF DEATH					SUAL RESIDENCE (	Where deceosed			efore odmiss	ion)
	o. COUNTY	Harford		MARYLAN		STATE	vland	b. COUN	   Harfo	rd	
-		If outside corporate limits	, [c.	LENGTH OF STAY IN 1		TY OR TOWN (If au		imits, write RUR			
	write RURAL an	d give nearest town) Fallston				Fol.	lston		/ 1	,	
-	d NAME OF HOSPI	TALLS LOIL	t in hospital give	street address)	1 4 5	REET ADDRESS	LSTOIL		12.	I e IS RESI	IDENCE
			, , ,	317001 addi 033)			BelAi	e Dood		e. IS RESI	
0	MAME OF	1808 BelAi		40:11						YES	NO
T,	B. NAME OF DECEASED	Fir		Middle	0.550	Lost	4. DATE OF	Manth		,	109
	(Type or print)	Ma		Moore	OSBO		DEATH	June			66
	Male	6. COLOR OR RACE White	7. MARRIED  WIDOWED	NEVER MARRIED DIVORCED	B. DAI	VI. 19	26	GE (In yeors ost birthdoy) 40 yrs.	Months Do		R 24 HRS. Min.
100	Oo. USUAL OCCUPATION  Turing most of working	N (Give kind of work done life, even if retired)	3 CORP (INDUS)	OF BUSINESS OR	11.	BIRTHPLACE (Stote	or foreign count	ry)	12. CITIZEN COUNTI	OF WHAT	5,
	Lawtor	1 2 Ox	born	e	14.	NOTHER'S MAIDEN I	VAME TO	Mein	Dn.	the	desir
	15. WAS DECEASED EV (Yes, no, or unknown)	R IN S ARMED FORCES? (If yes give wor or dotes o	f service) 16. SOCI.	AL SECURITY NO.	17. INFORM	-	edivar	TED Address	Judet	Dade	uce ?
F		EATH (Enter only one cou	se per line for (o),	(b), ond (c).)						INTERVAL BE	
	PART I. DEA	TH WAS CAUSED BY:  IMMEDIATE CAUSE	Occ1	usive Cord	nay a	rteriosci	lerotic	heart		ONSET AND	DEATH
	420/ DUE TO disease										
	Conditions, if ony, which gove ) (b)										
	rise to immedia	te couse (o), (	` '								
	stoting the under	riying couse	(c)								
	PART II OTHER S	IGNIFICANT CONDITIONS CO		FATH BUT NOT DELATE	TO THE TEE	MINAL DISEASE CON	IDITION CIVEN II	N PAPT 1(a)		19. WAS AUT	OPSV
1 3	S TAKE III OTHER S	- Committee Comm	MIKIDOIIKO TO D	LATE DOT NOT KEENED	) 10 IIIE 1EI	Militar Discase Col	EDITION OTTER II	11/0/		PERFORM	MED?
- 3	20o. EXTERNAL CA	All S W A S III	Joh Deconi	BE HOW INJURY OCCU	DDED /Entre	ation of laboration	Dark I are Dark III	-f it 10.)		AE2 🛣	NO
Crottercarion	CAOSE OF DEATH.		200. DESCRI	DE HOW INJUNT OCCU	KKED. (EMIET	noture of injury in	ron I or Port II	of item 18.)			
MEDICA	20c. TIME OF INJ Hour o.i	URY Month, Doy, Yeor m. m. 19	20d. INJUR While of work	Y OCCURRED 20 Not While of work		NJURY (Home, form eet, office bldg., etc.)		ity or town)	(County)		(Stote)
	21. I certif	y that I taak charge	af the remain	ns described abov	e. held an	Autopsy 🔽	Inspection	☐. Inqui	rv 🗀. (	and in my	apinian
	death resul		causes K.	Accident .	Suicide [	7. Hamicide		etermined mo	/		apinian
1	000111 10301	1/	- AZ	Addition 1	Joiciac [	CHIEF MEDICAL					
	ACTUAL	Vell X	er list	ul.			ICAL EXAMINER	X		22. DATE	SIGNED
2		1010		7	M. D.	DEPUTY MEDICA	_	า	Jun	e 23,	1966
4	EXAMINER'S NAME (Type)	R. Breiten	ecker, M	.D.			, city, town, or	county)	oun	20,	1,00
2	REMOVAL (Specify	ON, 23b. DATE THE	REOF L 2	3c. NAME OF CEMETER	-	ory	23d. LOCAT	ION (City or Tow	n) (Cou	unty) (	State)
	24. FUNERAL DIRECTO		71/-	ADDRESS		2So. REC'T	BY REGISTRAR	25b. REG	ISTRIR'S SIGN	ATURE	140
	are	hers J.	Home,	Benson	mil	DATE 3	UN 2 7	1900	[ Charle	and and	1

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emave carban papers. Pages 1 and any any event, within 72 haurs after dearn campletely filled in by the funeral nave carban papers. Pages 1 and

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical director, page 3 shauld be detached for use as the burial-transit permit. Then ple shauld be filed with the State Dept. of Health prior to burial, crematian, ar removal, a

## MARYLAND STATE DEPARTMENT OF HEALTH

	Division of STATISTICAL	RESEARCH AND RECORDS, 301	W. PRES	STON STREET, B	ALTIMORE, MARYLA	ND 21201	
	08506	CERTIFICATE	OF D	EATH		08496	
1.	PLACE OF DEATH O. COUNTY HARFORD	MARYLAND	o. STATE	MARV	land b. COUNTY	Lecel	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  d. NAME OF HOSPITAL OR INSTITUTION (If not in h	c. LENGTH OF STAY IN 1b	Pe	TOWN (If outside of	orporote limits, write RURA	L ond give neorest town)  O 7 2  I e. IS RESIDENCE	
	HARFORD Memo	VIAL HOSPITAL	Ric	hmond	Hill Apt	ON A FARM? YES NO	
	NAME OF First DECEASED (Type or print) Fuelyn	Tone PA	Hers	on D	FEATH June		
	Eemale white wi	DOWED DIVORCED .	July	1-21-189	lost birthdoy) S yrs.	Months Doys Hours Min.	
10d dui	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHE	PLACE (County & Stote	e, or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
13	FATHER'S NAME LEVI PA	TTERSON	14. MOTHE	AROG	INE JA	tekson-	
	WAS DECEASED EVER IN U.S. ARMED FORCES? as, no, or unknown) (If yes give wor or dotes of servi		VION	B. (47	Address TERSON, EN	eryville, Md.	
	1B. CAUSE OF DEATH (Enter only one couse per PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (o), (b), and (c).)	HE	art Fo	selure	INTERVAL BETWEEN ONSET AND DEATH	
B	Conditions, if ony, which gove DUE TO	merocar	det	5.		240	
g	rise to immediate couse (a), stating the underlying couse   DUE TO     lost.					V	
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19.  Y						
L CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (					
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19			f (Home, form, fice bldg., etc.)	20f. (City or town)	(County) (State)	
	21. I certify that (I) (this haspital saw the deceased alive an	attended the deceased fram / ne 17 19 66, and that	death a	20, 1960 ccurred at 4		O 1969that (I) (we) land an the date stated above	

22o. SIGNATURE

22c. PHYSICIAN'S NAME (Type)

ATTENDING PHYS. 22d. ADDI ADDRES 23 NAME OF CEMETERY OR CREMATORY

MED. DIRECTOR

23d. LOCATION

DATESIGNED 22b. STAFF PHYS.

City or Town

230. 24. FUNERAL DIRECTOR

DATE THEREOF BURIAL, CREMATION, REMOVAL (Specify) 23b.

ADDRESS

250 REC'D BY

REGISTRAR'S 25b.

VR A15 (4) 20 M 1/66

(Eounty)

(Stote)

LECATOR CONTRACTOR Second Second State of the Second Second

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08507 executed within 24 haurs after death. the funeral ages I and and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY after MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN aufside corparate limits, write RURAL remave carban papers. Paç in any event, within 72 hours filled in IS RESIDENCE ON A FARM? d. STREET ADDRESS INSTITUTION (If nat in haspital, give street address) YES T NO X NAME OF Middle 4. DATE Month Year Last Day campletely DECEASED 0F (Type or print) DEATH 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED birthday) Months Davs Haurs DIVORCED WIDOWED and Tog JUSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) OR ATTENDING PHYSICIAN: The law requires that the death certificate be during most of working life, even if retired DLATE LUTTER ATE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remava NKNOWN 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY 17. INFORMANT linknown) (If yes give wor or dates af service) crematian, ar 008~ 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by DUE TO burial, Conditions, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying couse has been see as the the priar take last. WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION use Health NO this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW JOURY OCCURRED. (Enter nature of injury in Port 1 or Part II af item 18.) OR CONTRIBUTING CAUSE DF DEATH Dept. af detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Hame, farm, (County) 20c. TIME OF INJURY Manth, Day, Year (City or town) (Stote) Haur a.m. foctory, street, office bldg., etc.) Nat While State TO FUNERAL DIRECTOR: After at wark 21. I certify that (1) (this haspital) attended the deceased framshauld with the 19 66, and that death accurred at 935 FM, fram causes and an the date stated above saw the deceased alive an 22a, SIGNATURE 22b. DATE SIGNED **ATTENDING** directar, page 3 shauld be filed v M.D. PHYS. DIRECTOR 6/10/66 22c. PHYSICIAN'S 22d. ADDRESS O HOSPITAL NAME (Type) 569 Revolution St Hourede Grace, Maryland 23o. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) PENOVAL (Specify) IDGE FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66

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	AND DESIGNATION OF THE PARTY OF		
	Clark Clark		

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

)		08508		CERTIFICA	TE OF DEATH		118498
	(	PLACE OF DEATH o. COUNTY	LARFOR		o. STATE Maryla	here deceosed lived, if institution b. COUNTY	Harford
	1		If outside corporate limits, d give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs	side corporote limits, write RURAL Rocks	L and give neorest town)
6	H	d. NAME OF HOSPIT	AL OR INSTITUTION (If not in I		d. STREET ADDRESS  Federal I	Hill Road	e. IS RESIDENCE ON A FARM? YES NO A
	1	NAME OF DECEASED (Type or print)	Emery Emery	Elmore R	charden	4. DATE Month OF June	Doy Year 26 1966
	S. 5	male		MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 4/28/1886	9. AGE (In years   I	IF UNDER 1 YEAR 1F UNDER 24 HRS. Months Doys Hours Min.
	duri F	ing most of working armer	(Give kind of work done life, even if retired) (retired)	10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming	Alleghan	Stote, or foreign country) y Co., N.C.	12. CITIZEN OF WHAT COUNTRY?
	13.	FATHER'S NAME  James	s Richardso		14. MOTHER'S MAIDEN NA	a ?	
	IS. (Ye	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes of serv	16. SOCIAL SECURITY NO.	7. INFORMANT W. Roy Richs	Address	RD 1 Box 7 ks, Md.21141
		PART I. DEA'  33 / Conditions, if ony rise to immediat stating the underlost.	, which gove (b)	er line for (a), (b), ond (d).			INTERVAL BETWEEN ONSET AND DEATH
0	CERTIFICATION	375		IBUTING TO DEATH BUT NOT RELATED			19. WAS AUTOPSY PERFORMED? YES NO
	L CERTIF	20o. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING L. CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in Pr	art I or Port II of item 18.)	
	MEDICAL	Hour o.r p.r	n. 19	While Not While of work	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)		(County) (Stote)
		saw the d	fy that (I) (this haspital eceased alive an	l) attended the deceased fran	that death accurred at	4:05 M, fram causes ar	nd an the date stated above
1		22c. PHYSICIAN'S		Madereh		MED. DIRECTOR D STAFF PHYS.	22b. DATE SIGNED 50NC26,1966
	220	NAME (Type BURIAL, CREMATIC	11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	F 23c, NAME OF CEMETERY	OP CREMATORY	23d. LOCATION (City or Town	(County) (Stote)
6	E	REMOVAL (Specify BUT1al FUNERAL DIRECTO	6/28/19		m. Gardens	Bel Air, N	
3		narles		Jarrettsvill			Miarles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and shauld be filed with the State Dept. at Health priar to burial, crematian, ar lemoval, and in any event, within 72 haurs after deather.

A 11. The state of the s Live Stranger Live . It . It was to be the stranger of the stranger . The stranger is the stranger of the stra

FOR STATE P.M.3. Page a within 24 haurs after death. If any delay is in pencil in Item 18. Give Pages 1, 2, and 3 to with the State Deportment of within 72 haurs after death.

the funeral directar. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with farm

Health ar its designated agent, priar ta burial, crematian, ar removal, and in any event TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and

0

This certificate shauld be executed within 24 haurs after death. If

"pending"

necessary, please execute the certificate, writing the ward

5 may be retained for your files.

VR A15ME (5)

AL EXAMINER:

TO DEPUTY ME

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08503

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

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- 1:		
	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
- 1	o. COUNTY Hand	O. STATE D. COUNTY 1
H	b. CITY OR TOWN (If outside corporate limits,   c. LENGTH OF STAY IN 1b	1100 400
-	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1	Hano de sace	Home d Frace 121
ľ	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE
-	House Memil Here Men	OO I P T Canal ON A FARM?
		YES NO X
	3. NAME OF First Middle	Lost 4. DATE Month Doy Year
-	(Type or print) Harry 19	10 N DEATH June 2 1966
ŀ		B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	AA BANKIE A	A lost hirthday) Months Days Have Min
	WIDOWED DIVORCED	1-29-39 27 yrs. Mollins Doys Hours Min.
	1Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT
1	during most of working life, even if retired)  One One One	Perryman maryland "J.S. A.
1	13. FATHER'S NAME	14. MOTHER SMAIDEN NAME
	OD A OF	14. MOTHER SMAIDEN NAME
1	Charles Nomas Sconon	Beatice Bank
F	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address 169 Clinton are
1	(Yes, no, or unknown) (If yes give wor or dotes of service) 214-36-7588 Ma	
ŀ		as Janetle Sconen- newark, n. J. 07/08
1	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) GS W Ches	ONSET AND DEATH
1	976 X DUE TO	
	Conditions if any which cave	
1	rise to immediate couse (a)	
Т	stoting the underlying couse DUE TO	
П	lost. (c)	
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY
	200. EXTERNAL CAUSE WAS PRIMARY CONTRIBUTING CAUSE OF DEATH	PERFORMED?
-	<u> </u>	YES NO
	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (	Enter noture of injury in Port I or Port II of item 18.)
I	PRIMARY CONTRIBUTING CAUSE OF DEATH.	
		E OF INJURY (Home, form, 20f. (City or town) (County) (State)
	Hour o.m. 7 - 3 4 - While - Not While - forte	
Т	1966 of work of work of While	by, street, office bldg., etc.) Have do Frace H a my
	21. I certify that I taak charge af the remains described abave, hel	d an Autapsy , Inspection , Inquiry , and in my apinian
1		
ı	death resulted fram: Natural causes , Accident , Suici	de 📶, Hamicide 🔲, Undetermined manner 🗌
1	ACTUAL La Paralle Calmen -	CHIEF MEDICAL EXAMINER ROAL ROAL
L	SIGNATURE LEGALINE	M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
1	EXAMINER'S COLUMN 12 / 00 C = 14	DEPUTY MEDICAL EXAMINER \( \sigma = \frac{1}{2} = 66
	NAME (Type) FETO(O) (O)	Address (Street, city, town, or county)
F	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C	
1	REMOVAL (Specify)	
L	Buril June 7, 1966 Derkley	emetery darlengton, Harford, Md.
ľ	24. FUNERAL DIRECTOR ADDRESS 556	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Otelia & Bullock, Have de Grace	med DATE MALL OF THE STATE
E	Ja William Jarand We Killedy	1966 Kmares mare

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08511 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR LOWN (If outside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) PATIST LINVO STACE d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) YES 🗌 NO X AIDOMOSIA HACtord 3. NAME OF Middle 4 DATE Month Doy Year First , Last DECEASED DEATH 1110 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED lost birthday) Months Dovs whitE May 23, 1892 WIDOWED DIVORCED TOMAL 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) during most of warking life, even if retired) 1 INDUSTRY COUNTRY? Hamemaker WEST JEFFERSON ASHE CO., N.C. 12.5.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME WithErspoon BAKET WEAVET ALI 17. INFORMANT DAYSHU-838-7522 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 12 FD # 2 1300 # 362 (Yes, ng. ar unknown) (If yes give wor or dates of service Mrs. Notrie L. Jordan Bel Afir Mangland 21014 220-20-17488 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a) (b) and (c) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH delinsonary IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate cause (a). DUE TO Caucal stating the underlying couse ELCaro 19 WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO K 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour a.m. factory, street, affice bldg., etc.) Nat While at wark at wark 21. I certify that (1) (this hospital) attended the deceased fram JUNE 18, 1966, to JUNE 21, 1966 that (1) (we) last saw the deceased alive an Sun 21 19 66 and that death accurred at 62 M, fram causes and on the dote stated above. 22a. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) ChANES J. TO IEV HAVRE 14.1 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b DATE THEREOF (County) REMOVAL (Specify) BEL Air Memorial Gardens TSEL Air Harford Co, MAMINY ZWIY June 23, 1966

ADDRESS Williams Sh

Joseph William toster BE Air Maniand 21014

2So. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

within 24 hours after death by the Pages 2 filled within , campletely carl be executed and physician ien please requires that the death certificate remayor 0 burial, crematian, signed by the burial-transit has been the SD this certificate detached After DIRECTOR: directar, page 3 shauld be filed v TO HOSPITAL TO FUNERAL VR A15 (4)

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24. FUNERAL DIRECTOR

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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r death	the funeral ages 1 and 2 is after death	1		PLACE OF DEATH D. COUNTY	HARFORG	4		USUAL RESIDENCE (Where do	eceased lived, if institut	nton: Residence before	ore admission)
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naurs	20 2			HAUR	E dE 6	RACE 19	days	Hylesu	11/16	12	e. IS RESIDENCE
24	tilled in papers. thin 72 h	66	1	AR-FOR	1 100	RIA Ha	Sb.	SIREEL ADBRESS			ON A FARM? YES NO PC
withir .	erely ti prban prt, with			NAME OF DECEASED	// First	Middle	e	Last / 4. DA	TE Mani	th Do	y Year
pe	ent.		S.	Type or print)	6. COLOR OR RACE	MARRIED NEVER MA	ER DA	TE OF MRTH	1 9 AGE (In years	I IF UNDER 1 YEAR	19 6 6 IF UNDER 24 HRS.
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te be	5 - 5		10a dun	USUAL OCCUPATION of most of working	(Give kind af wark done life, even if setired) — net.	10b. KIND OF BUSINESS (aspet Ma)	OR 11	. BIRTHPLACE (Caunty & State, Maryland	ar fareign country)	12. CITIZEN C	SA
ifical	physician en please aval, and			FATHER'S NAME		10 10	14.	MOTHER'S MAIDEN NAME			
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that the death certificate be executed within 24 haurs after an.	ar ar		15. (Ye	s, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give war or dotes of some	ervice) 16. SOCIAL SECURITY		ell L. Snyder	, Pasadena		
t the	(1)			18. CAUSE OF DI PART I. DEA	ATH (Enter anly ane cause IH WAS CAUSED BY:	100-00	-04	Pi le		IN O	NITERVAL BETWEEN
s tha	igned by the urial-transit urial, cremat			4221	IMMEDIATE CAUSE (a) DUE TO		1	0 - 0			- aus
luire hysic	urial			Conditions, if any rise to immediat	e couse (a)		00	+ anger	serus	61	ours
aw req	s been st as the br priar to br	X		stoting the unde		1.01	ic Py	elonephi	ilis	1	lars
The I	rate has far use as Health pri	0	ATION	PART II. OTHER SI	GNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TE	RMINAL DISEASE CONDITION	GIVEN IN PART 1(0)	19	PERFORMED? YES NO
Sician Spital	= 4		CERTIFICATION		S UNDERLYING   CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJU	RY OCCURRED. (Inter	nature of injury in Part 1 ar	Part II of item 18.)		
IG PHY the ho	detached detached te Dept. o		MEDICAL	20c. TIME OF INJU Hour o.r	10	20d. INJURY OCCURRED While Nat While at work		INJURY (Home, farm, reet, affice bldg., etc.)	Of. (City or town)	(County)	(State)
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dine	+ Bet		K.	saw the d	eceased alive an_6	-63 196	and that dec	ath accurred at 7	M, fram causes	and an the da	
OR A	e 3 sl			220. SIGNATURE	11/1	ndaws	M.D.	ATTENDING MED. PHYS. DIRECTO	OR STAFF PHYS.	228. DAISIG	3/66
Page 4 may 1	director, page should be filed	- 1		22c. PHYSICIAN'S NAME (Type		DOWSKY		22d. ADDRESS	11155	Hunede	Dead My
HOS ige 4	director, shauld b	0	23a	BURIAL, CREMATIC REMOVAL (Specify	ON, 23b. DATE THERE		CEMETERY OR CREMA		. LOCATION (City or To	wn) (Count	ry) (State)
5 5	5 6 2	13	2/	FUNERAL DIRECTO	June 10	1966 Most He ADDRESS	Ly Redeel	nen Cemetery	B Himone	MA GISTRAR'S SIGNATU	IRF
VF 20	R A15 (4) M 1/66	16				uson, Maryland	1	MIN 20		larles J.	

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

51	13	Item	2 I	CERTIFICATE	OF	DEATH

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20	_		
X		o. COUNTY	ATE (Where deceosed lived, if institution: Residence before admission) b. COUNTY
1	t		OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	1	MARREAL TRACE TURGS.	Hampertial BHVFTRIAICIE
,	9	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	ET ADDRESS Somerville Road 6. IS RESIDENCE ON A FARM?
0	3.1	3 NAME OF First Windle	Lost 4. DATE Month Doy Year
	(	(Type or print) \$101a CalizapeThe Omm	CERVILLE DEATH June 15 1966
	55	S. SER 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE O SUPPLY SERVICES SERVICE	OF BIRTH  9. AGE (In years to birthday)  8. AGE (In years to birthday)  8. AGE (In years to birthday)  9. AGE (In years to birthday)
	10o. durii	10b. KIND OF BUSINESS OR 11/BIR during most of working life, even if retired) INDUSTRY	THPLACE (County & Stote, or foreign country)  12. CITIZEN OF WHAT COUNTRY?
	13.	13. FATHER'S NAME 14. MO	THER'S MAIDEN NAME
у		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAL	NT Adgess D Md
4	(Yes	(Yes, no, or unknown) ((If yes give wor or dotes of service) world Wrs &	lakeliteook, Have de Irace
		18. CAUSE OF DEATH (Enter only one couse per line, for (o), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  CAUSE OF DEATH (Enter only one couse per line, for (o), (b), and (c).)	ageoi Acute INTERVAL BETWEEN OVERTAND DEATH
		14221  Conditions, if any, which gove)  (b)  Conditions, if any, which gove)	7 3 3 3
		y law	
		rise to immediate couse (o), stating the underlying couse lost.	
	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED? YES \( \sum \) NO
	MEDICAL CERTIFICATION	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ure of injury in Port I or Port II of item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19  20d. INJURY OCCURRED While of work of twork of twork of twork	JRY (Home, form, office bldg., etc.) 20f. (City or town) (County) (Stote)
		21. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an 15 19 66 and that death	accurred at M, fram causes and on the date stated above
		220. SIGNATURE	DATE SIGNED
		M.D. PHYS	
			there de Grace, My
	230.	230. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATOR	
	24	24 FUNERAL DIRECTOR ADDRESS ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRARS SIGNATURE
1	24.	With Tucher Benson md	DATIN 2 2 1966 Clearly Judge

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, cremation, ar remaval, and in any event, within 72 haurs offer death. VR A15 (4)

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9	Ttem 18	Film C	378 7/5/	66 MARYLAN	ND STATE DE	PART	MENT OF HEAL	TH		
1			of STATISTICAL I	RESEARCH AND	RECORDS, 301	W. P	MENT OF HEAL PRESTON STREET,	BALTIMORE,	MARYLAND	21201
	0851	4		C	ERTIFICATE	OF	DEATH			08

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)			
- o. COUNTY HAR CORE MARYLAND	O. STATE MARYLAND b. COUNTY HAR FIRE			
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)			
write RURAL and give nearest town.	Edge Wood 12-1			
d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE			
HARford Memorial Hosp.	2055 BATTLE VES NO DO			
3. NAME OF First Middle	Lost 4. DATE Month Doy Year OF 6 15 66			
(Type or print) AMRS 1710 95104	5 30R1995 DEATH 19			
A A A A A A A A A A A A A A A A A A A	lost birthdow) Months Doys Hours Min.			
MAE NEGRO WIDOWED DIVORCED	1 1-16-1902 C 2/ Yrs.			
100. ÚSUAL OCCUPATION (Give kiya of work done during most of working lite, even if retired)  100. ÚSUAL OCCUPATION (Give kiya of work done during most of working lite, even if retired)  100. ÚSUAL OCCUPATION (Give kiya of work done during most of	11. BIRTHPLACE (County & Stote, or foreign country)  12. CITIZEN OF WHAT CDUNTRY?			
Retard Shope	13 a 19, mar 2 US 17			
Henry Spriggs				
TO WAS DESCRIPTION OF A DIMED CONCESS.	Elize Crumbwell 17. INFORMANT Post 1 Address			
(Yes, no, ounknown) (If yes give wor or dotes of service) 212-01-7865	Datelle St			
	Madaline Spriggs Edgwood Md.			
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH			
022X DUE TO DUE TO	Jew yesm			
Conditions if any which gave				
rise to immediate couse (o),	THOPSETE /			
stoting the underlying couse (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?			
200. ACCIDENT WAS UNDERLYING  DR CONTRIBUTING CAUSE OF DEATH UTTHER NOTIFIER MEDICAL FYAMINED)	YES NO NO			
≅ 20o. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in Port I or Port II of item 18.)			
DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	. PLACE OF INJURY (Home, form, form, fortory, street, office bldg., etc.) (City or town) (County) (State)			
Hour o.m. p.m.  19 While of work of work	Totrory, Sheer, Office Biog., etc.)			
21. I certify that (1) (this haspital) attended the deceased from	mfline 4, 1964 to the 15, 1965 that (1) (we) last			
	that death accurred at $135$ M, fram causes and an the date stated above.			
220. SIGNATURE	M.D. ATTENDING MED. STAFF 22b. DATE SIGNED OF PHYS. DIRECTOR PHYS.			
22c. PHYSICIAN'S	22d. ADDRESS			
NAME (Type) Sud Ey Phillips V	NUI DARINGION, md			
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY				
	ross Britimoneco md			
24. FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURAL CONTROL OF THE PROPERTY OF			
GEONGE IN TITLE BELAIR	MET DATE MAN 2 2 1966			

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MARYLAND STATE DEPARTMENT OF HEALTH STREET, BALTIMORE 1, MARYLAND STATISTICAL OF

(0010	CENTIFICATI	OF DEATH		00000
1. PLACE OF DEATH		2. USUAL RESIDENC	E (Where deceased lived, If Institu	ution: Residence before admission)
a. COUNTY Harford		a STATE	yland b. COUNTY	
	MARYLAND c. LENGTH OF STAY IN 1b		outside corporate limits, write	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	C. LENGIN OF STAT IN 1D			KOKAL end give nearest town)
_Jarrettsville	54 years	Jarret	tsville	12-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in ho	ospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO X
3. NAME DF First	Middle	Last	4. DATE Month	Day Year
(Type or print) /1/ D) TO FE	DWARD +/	124	DEATH - (111/	0 30 1966
5. SEX   6. COLOR OR RACE   7. MARRIED	NEVER MARRIED 8	DATE OF BIRTH	19. AGE (In years IF	
7. MARKIED	MEASY MAKKIED		last birthday) M	onths Days Hours Min.
Male   White   WIDOWED			888 78 yrs.	
10a. USUAL OCCUPATION (Give kind of work done   10b. K during most of working life, even if retired)   IN	ND OF BUSINESS OR	11. BIRTHPLACE (Co	ounty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer (retired) Gen	farming	Baltimor	e, Maryland	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAID		
Daniel Thomas		Belle :	Lvnch	
	SOCIAL SECURITY NO.   17.	INFORMANT	Address	077/17
(Yes, no, or unkown) (If yes give war or dates of service)				21141
		thur E. Sl	ade Rocks	
18. CAUSE DF DEATH [Enter only one cause per ]	ne for (a), (b), and (c).]	1		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	1. C.V. 0	recon		
4221 DUE TO				
Conditions if any which \	h			
gave rise to immediate				
cause (a), stating the DUE TO				
underlying cause last. (c)			TARTON OF THE PARTY OF THE PART	DTS(-) 140 WAS AUTODOV
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION  208. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	to Well	TED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO P
20a. ACCIDENT WAS UNDERLYING   20b. E OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	injury in Part I or Part II of I	tem 18.)
	JURY OCCURRED   20e. PLAC	CE OF INJURY (Home, fa	rm, 20f. (City or town)	(County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. If Hour a.m. While p.m. 19 at work	Not While factor	y, street, office bldg., e	tc.)	(County) (State)
p.m. 19 at work			1 1 1	
21. I certify that (I) (this hospital) attended	ed the deceased from		55 to 6/30/6	19, that (I) (we) last
saw the deceased alive on 6/29	196 6, and that	death occurred at	M. from the causes an	d on the date stated above.
22a. SIGNATURE	7 ,			22b. DATE SIGNED
11 1 m. 7 x	M.D.	ATTENDING PHYS.	MED. STAFF PHYS.	6/30/1966
22c. PHYSICIAN'S	INI,D.	22d. ADDRESS	JIKECTOR C PHIS.	1
NAME (Type) 7. M. F.R.	7 NCC	1 PA	RKTON M.	
20 DIDLE OFFICE OF THE THE PARTY THE	LOG- NAME OF OFMETERY	OD ODEMATORY	23d. LOCATION (City, town	n or county) (State)
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY			36
Burial 7/3/1966	Jarrettsvi.		[Jarrettsvi]	le Maryland
24. FUNERAL DIRECTOR	ADDRESS		. 0	ISTRAR'S SIGNATURE
Charles E. Kurtz Jar:	rettsville,	Md. DATE J	UL 5 1966 /	Charles Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician. VR A15 (4) 15M 4-64

24 hours after death.

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1 M	MARYLAND STATE DEPARTMENT OF HEALTH OSSIGN OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR CERTIFICATE OF DEATH	E 1, MARYLAND (18506
er death. e funeral 1 and 2 ier death	PLACE OF DEATH a. COUNTY  Harford  AMARYLAND  2. USUAL RESIDENCE (Where deceased lived, If instit a. STATE  Maryland  b. COUNTY  MARYLAND	
hours after d in by the rs. Pages 1 ! hours after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Have de Grace  DOA  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS	12 - /
fille papel in 72	Harford Memorial Hospital 921 Rock Spring Road	ON A FARM? YES NO
completely ve carbon event, with	NAME OF First Middle Last 4. DATE Month DF DECEASED (Type or print) George Washington Webster DEATH June	9. 19 66
and any	Male White WIDOWED DIVORCED November 26, 1901 64yrs.	
e be e sician sician and in	USUAL OCCUPATION (Cive kind of work done Ing most of working life, even If retired)  Bookkeeper  10b. KIND OF BUSINESS OR INDUSTRY Canning Food  11. BIRTHPLACE (County & State, or foreign country)  Harford County, Md.	12. CITIZEN OF WHAT COUNTRY?
certificate nding physi Then ple	FATHER'S NAME  William J. W. Webster  14. MOTHER'S MAIDEN NAME  Lelia Monks	
e = = =	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT (Wife)838-7136 Address	921 Rock Spring ir, Md. 21014
law requires that the deat attending physician. • has been signed by the at as the burial-transit perm h prior to burial, cremation,	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO  CCO. CO. CO. CO. CO. CO. CO. CO. CO. CO.	INTERVAL BETWEEN ONSET AND DEATH
N: The tal or liftcate for us f Healt	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of CONTRIBUTIONS CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO NO
he he he this this etach	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19  20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(County) (State)
TO HOSPITAL OR ATTENDING P Page 4 may be retained by t TO FUNERAL DIRECTOR: After director, page 3 should be should be filed with the State	21. I certify that (I) (this hospital) attended the deceased from (—   , 19 %, to — ? saw the deceased alive on — 19 %, and that death occurred at 1 PM, from the causes at 22a. SIGNATURE    Column   ATTENDING   MED. DIRECTOR   PHYS.	don the date stated above.  22b. DATE SIGNED  June 9, 1966  Air, Maryland
TO HOSE 4 Page 4 TO FUNE directo	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BEMOVAL (Specify) Burial 11, 1966 Mt. Tabor Moth. Com. Bel Air, Harf.  FUNERAL DIRECTOR ADDRESS 25a. REC'D BY RECISTRAR 25b. REC	rn or county) (State)  Co., Maryland  SISTRAR'S SIGNATURE
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			r ial turo 11,

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